CONFIDENTIAL

REVIEW COMMITTEE ON INDIAN AND METIS
ADOPTIONS AND PLACEMENTS

GROUP HOME REVIEW

Senior Judge E. C. Kimelman
Chairman

October, 1983

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GROUP HOME REVIEW

1. INTRODUCTION

Early in 1982, Senior Judge E. C. Kimelman was asked to examine the issue of adoption and foster home placements of children of aboriginal descent. While in the process of that study, the Honourable Leonard S. Evans, Minister of Community Services and Corrections requested that his mandate be expanded to include a review of group homes. The Minister requested that group homes in general be assessed with specific reference to the adequacy of available facilities, geographic distribution and cultural appropriateness of programming for Native children.

As this review was to proceed concurrently with the original issues assigned to Judge Kimelman and additional staff resources were not made available, it was necessary to rely on the Child Welfare Directorate and the Office of Residential Care for background material, statistics and necessary data.

This report on group homes in the province acknowledges the substantial contribution of the Chairman's assistant without whose aid this report could not have been completed.

2. HISTORICAL BACKGROUND

Historical Child Care Patterns

In a publication of the Child Welfare League of America entitled, Group Care of Children: Crossroads and Transitions, by M. Mayer, L. Richman and E. Balcerzak, 1978, it is noted that there is no term in biblical or classical literature for foster homes and institutions and no mention of homes for dependent and unwanted children outside the kinship system.

The development of resources for children in Western Europe based on the principle of public responsibility arose out of the Elizabethan laws (1601). These laws basically ordered two kinds of care: indenture as the forerunner of foster care, and the almshouse as the ancestor of the children's institutions. Going back to the middle ages, religious or charitable efforts to take care of homeless children were in place.

As early as the 16th century, the care of American Indian children in groups was a common practice. Such children were cared for in institutions operated by Christian missionaries.

In either form of care, indenture and group care, the motivation seems to have been as much the concern for the social order as for the welfare of children including control of minority groups through conversion to the religion of the dominant group.

Efforts by humanitarians during the latter part of the 19th century led to the development of foster care to replace indenture, and to the development of separate

children's institutions and orphanages to replace the almshouse. There was some differentiation of institutions, both public and private, including the blind, deaf, mentally retarded and delinquent as well as orphanages for dependent children to protect them from neglect and abuse. There was no indication of any further differentiation between which children were going to foster care and which to institutions. Until the first decades of the 20th century, this differentiation seems to have depended mainly on the availability of services and the preference of the placing agent.

With a significant increase in the number of dependent, homeless children as a consequence of industralization, urbanization and immigration, the number of foster homes, orphanages and training schools grew. Orphanages, particularly under sectarian auspices, sprang up all over North America. Most of the orphanages were established under denominational auspices as various religious groups sought to provide for their own needy children and teach them the faith.

This increase in institutions seems to have reached its peak in the 1920's in Manitoba. The development and use of foster homes as the major resource base for dependent and homeless children also began in the 1920's in Manitoba. Advocates of foster care recommended a child's own home in preference to the best foster home, and stated that foster home care was the best substitute for a child's natural home.

Over time paid foster care became the primary means of placing children. Institutions felt threatened and in response to the challenge from foster home proponents, many changed to the cottage system to simulate the family. The name "orphan asylum" gave way to "school" with the more

progressive institutions modelling themselves after boarding schools and emphasizing education as their objective.

Eventually the controversy was lessened by a recognition of the fact that the average foster home and dependency institution could not meet the needs of children with a high degree of emotional disturbance. The focus on the child and his/her needs negated the concept of the placement facility as an entity in itself. It also helped to discredit the assumption that foster care is always desirable.

This trend gave way to the notion of an all-inclusive approach to the process of caring for children with institutional placement for those children with serious emotional and/or behavioural problems needing control and treatment.

The development of residential schools for the education of native children occurred in the 1920's under the auspices of various denominational groups. These residences were eventually taken over by Indian Affairs in the late 1940's and early 1950's. They were gradually phased out starting in the early 1970's with Guy Hill closing in 1975 leaving McKay Residence in Dauphin as the only one still operating. Over the years such residences have been used for the purpose of social as well as academic or educational placements.

Development of Group Homes in Manitoba

The emergence of group homes as an alternative to institutions and to foster care began in the late 1940's in North America. In Manitoba there was a major increase in the number and use of group homes during the early 1970's.

This development was largely unplanned and uncoordinated. There were no policies or standards in relation to licensing and funding of these homes. Primary responsibility for approving and funding group homes rested with a variety of program directorates and private agencies. This unplanned proliferation of group homes, largely concentrated in Winnipeg, seemed to occur as the result of the following factors:

(a) An attitude toward group homes as almost a panacea in placing older children in particular those with moderate emotional and/or behavioural problems.

(b) Increasing difficulty in recruiting and retaining foster parents in the urban community.

(c) A lack of available institutional beds for older, disturbed children due in part to some children having been housed in institutions for many years and the need for alternative resources to foster care to facilitate discharge.

(d) The potential for profit and capital investment in owning and operating group homes.

(e) The incentive to create employment and provide for secure steady work at a reasonable salary in the child care field.

Changes in Group Homes in the 1970's

Group homes for children in Manitoba developed in the late 1960's and early 1970's as a less costly and community based alternative to institutional care and as a substitute for foster care. This primary purpose and function has not

significantly changed. Up to about 6 years ago there was a continual expansion of group homes, most of which were located in Winnipeg. Many of these homes have been operated by the Children's Aid Society of Winnipeg including a number of receiving homes for emergency placement of children as well as live-in houseparent homes (Level I) for children of all ages.

Several private group homes have developed to the point of providing care for children with severe emotional, behavioural and learning difficulties and in this regard, are currently providing a level of care equivalent to the child caring institutions. These homes are considered as Level IV facilities together with the residential facilities operated by the four private institutions in the province.

1977 Review of Group Homes

In March, 1977, a committee was established by the Deputy Minister, Department of Health and Social Development, to review the entire provincial spectrum of residential resources for children, including children under the aegis of Child and Family Services, Juvenile Corrections/Probation Services, and Mental Retardation Services. At that time, it was established that there were 92 homes classified as group homes either private or non-profit, including 6 homes operated by two institutions. In addition, there was an unspecified number of agency-operated group homes.

The committee identified a number of problems in the system as follows:

(a) A preponderance of group homes were located in Winnipeg.

(b) A lack of services to support families to prevent children from coming into care.

(c) A lack of resources for highly specialized care including,

- community settings for the moderately retarded,
- community settings for aggressive children,
- secure long-term inpatient psychiatric care,
- culturally relevant programs for native youth.

(d) Poor integration and coordination of resource development and utilization with no connection between the various types and levels of care.

(e) No standards or accountability in relation to admission or discharge criteria or procedures.

(f) No systematic provincial review of group homes or institutions.

(g) No rationale or control regarding per diem rates or service expectations of group homes.

As a result of the review, the Office of Residential Care was established to license, fund and review group homes. A level of care system was developed, initially with three levels to accommodate group homes and more recently (1981) expanded to five levels to further differentiate service expectations and to include the private child care institutions in this rationalization and standardization process.

In an effort to solve many of the problems identified in the 1977 report, an interdepartmental committee was established with representation from Child and Family

Services, Probation Services, Mental Retardation Services and the Office of Residential Care. Known eventually as the Residential Care Coordinating Committee, this working group carried out such responsibilites as the development and/or refinement of recommended standards, policies and procedures, consideration of group home proposals based on identified need throughout the province, residential care standards reviews of group homes, and investigations of incident reports and/or complaints.

This committee was discontinued in early 1982 with the amalgamation of the Office of Residential Care with Agency Relations and the decision of Probation Services and Mental Retardation Services to opt out of the licensing review process. At present the responsibility for the planning, funding and licensing of group homes as well as private institutions for children is shared between Agency Relations and Residential Care and the Child and Family Services Directorate.

Regulation 41/81

With the passing of Regulation 41/81, a Regulation under The Social Services Administration Act affecting the licensing of residential care facilities, the Office of Residential Care was designated the licensing authority for residential care facilities other than facilities licensed or designated by the Manitoba Health Services Commission. Under this regulation the licensing authority has both the authority and responsibility to license a residential care facility in accordance with legislation, regulations and standards governing fire safety, public health protection, residential care, and such other standards and conditions as may be required by the Minister.

One significant change resulting from this regulation

was that private institutions as well as group homes for children would require licensing in accordance with residential care and other standards as well as fire safety and health protection.

Accordingly, in close collaboration with Child and Family Services, a decision was made to carry out licensing reviews of the four private children's institutions. Prior to that time, reviews of institutional programs had been carried out solely by the Child and Family Services Directorate through extensive reviews using the Program Analysis of Service Systems evaluation instrument.

Recent Developments

Since 1981 several developments occurred which have significantly altered the situation:

(a) A moratorium was placed on all group homes in early 1982 due to over expenditure in the group home appropriation and the overall concern about the increasing cost of residential care of children.

(b) In early 1982 an interdepartmental working group was established to review the role of the Residential Care Coordinating Committee and to recommend strategies for implementing a range of resources for children. A number of recommendations were made including the continuing need for a strong, central licensing authority and for the changing in funding policies and strategies to reduce the current heavy reliance on residential care for the placement of children. An ongoing review of residential care standards was also recommended

to further refine what were considered to be essentially sound standards; to date no action has been taken in this regard.

(c) The Screening and Monitoring Committee of Child and Family Services was established in May, 1982, to screen and to monitor all residential facilities designated as Level IV resources. These currently include Marymound Inc. (campus units only), Knowles Centre Inc., Sir Hugh John Macdonald Memorial Hostel and Children's Home of Winnipeg as well as Hydra House, Van Tassel Group Homes (Linwood only), Naturas Inc., Quest Homes and Jewish Child and Family Services (Machray only). All referrals to these resources must be screened as to their appropriateness excluding referrals from Probation Services.

(d) A moratorium was placed on all out-of-province residential placements in January, 1983, and a review undertaken of all children currently in treatment institutions out of the province with a view to determining which children or youth could be returned to Manitoba in the near future. With the exception of the placement of a native child in D and G Home in Ontario, a group home operated by a native group, no out-of-province placements have been allowed since the freeze. The placement of the native boy in the D and G Home was done by a native agency using federal dollars.

(e) A reprioritization process was initiated by the Child and Family Services Directorate in January, 1983, which focussed on both group home

and private institutional beds with a view to identifying those resources considered for a variety of reasons to be of low priority. In April, 1983, a submission was made to the Social Resources Committee of Cabinet by the Executive Director, Child and Family Services, recommending the phasing out of low priority group home programs. The submission was approved.

(f) Initiative was taken by the Agency Funding and Review Branch to establish a per diem system of funding group homes with the exception of the Children's Aid Society of Winnipeg. This funding policy was approved and was implemented effective May 1st, 1983. As a result some homes which were considered as low priority or were operating with low occupancy have found it necessary to phase out their operation.

Current Initiatives

Currently the Child and Family Services Directorate has taken the initiative to seek Cabinet approval to implement a funding policy for private institutions based on the purchase-of-service formula applied to group homes. In collaboration with Agency Relations and Residential Care, a financial analysis has been carried out of institutional budgets with a view to developing a strategy for per diem funding of institutions. This initiative was undertaken in view of the increasingly high cost of institutional care and the lack of service accountability of institutions who are currently funded by grant.

3. PROGRAM AUTHORITY

Legislative Base

Authority for the establishment of various forms of child care is contained in The Child Welfare Act.

Section 1

(d) "children's boarding home" means a home other than the home of the parents or relatives by blood or marriage in which children are placed for more than a month by a parent or child caring agency privately for care and supervision and from whom payment is received by the owners or operators of the boarding home;

(e) "day care" means the provision of care to a child apart from his parents in a place licensed for this purpose and for such periods of time and under such conditions as may be specified in the regulations;

(i) "foster home" means a home, other than the parental home of a child, in which the child is placed by a child caring agency for care and supervision but not for the purposes of adoption;

(j) "group foster home" means a home where not less than four or more than eight children are placed by a child caring agency for full time care and supervision in a family setting;

(l) "institution" means any place established or designated by the minister primarily for the care and treatment of more than eight children and includes facilities operated by any government department for those purposes but does not include facilities for the reception and temporary detention of a child.

Authority for the licensing of child care facilities is contained in The Social Services Administration Act.

SECTION 11

Authority for agents to provide assistance, etc.

11(1) The minister may, in writing, authorize a person or agency, including a private non-profit agency, whether incorporated or not.

(a) to accept applications for types of assistance specifically approved by the minister in respect of that person or agency; or

(b) to determine eligibility for types of assistance specifically approved by the minister in respect of that person or agency; or

(c) to provide or pay types of assistance specifically approved by the minister in respect of that person or agency; or

(d) to provide social services specifically approved by the minister in respect of that person or agency; or

(e) to carry out projects of work activity specifically approved by the minister in respect of that person or agency;

or to do any or all of those things, as agent for the government; and the minister may, in writing, revoke the authority at any time without notice.

Books and records of agency.

11(2) Where a person or agency is authorized to do any of the things mentioned in subsection (1), the person or agency shall keep such books and records with respect thereto as may be required by the minister.

Audit.

11(3) Where the minister authorizes a person or agency to do any of the things mentioned in subsection (1), he may require the books and records of the person or agency to be audited by the Provincial Auditor, or a person designated by the Provincial Auditor, and he may refuse to requisition the reimbursement of that person or agency under subsection (4) until he is satisfied by the report of the Provincial Auditor, or other person designated by the Provincial Auditor, that the books and records, and the financial affairs, of that person or agency are in order.

Reimbursement of agents.

11(4) Where the minister authorizes a person or agency to do any of the things mentioned in subsection (1), the Minister of Finance

shall, on the requisition of the minister, reimburse the person or agency for all or part of the costs incurred by the person or agency in respect of the doing of those things.

S.M. 1974, c. 34, s. 11.

Government to licence.

11.1(1) Notwithstanding the provisions of any other Act of the Legislature whether of general or special application, or of any by-law of a municipality, no person shall operate

(a) a foster home; or
(b) a group foster home; or
(c) an institution; or
(d) a children's boarding home; or
(e) a pre-school facility; or
(f) any other child care facility; or
(g) a family day care home; or
(h) a group day care centre;

as defined in this Act or The Child Welfare Act or regulations made under this Act or The Child Welfare Act; or

(i) any residential care facility where care and supervision is provided for adults suffering from such disabilities and disorders as may be prescribed in the regulations;

unless he obtains a licence from the minister for the purpose issued in accordance with, and subject to, the regulations under this Act or any other Act of the Legislature.

En. S.M. 1977, c. 13, s. 1; Am. S.M. 1979, c. 28, s. 36; S.M. 1980, c. 12, s. 3.

No other licence required.

11.1(2) A person who obtains a licence under subsection (1) to operate any facility, home or centre mentioned in that subsection is not required to obtain any other licence for the purpose.

En. S.M. 1977, c. 13, s. 1.
S.M. 1977, c. 13, s. 1; Am. S.M. 1979, c. 28, s. 36; S.M. 1980, c. 12, s. 3.

Requirement to operate residential care facility.

11.2(1) No person shall

(a) operate, advertise, or otherwise hold himself out as operating, a residential care facility; or
(b) provide, or hold himself out as providing, any of the services provided in a residential care facility; or

(c) accommodate, or hold himself out as accommodating any person who requires any of the services provided in a residential care facility;

unless he is the holder of a valid and subsisting licence or letter of approval as the case may require issued by the licensing authority.

En. S.M. 1980, c. 12, s. 4.

Application for letter of approval or licence.

11.2(2) A person who desires to operate a residential care facility shall apply to the licensing authority on a form provided by the authority for a letter of approval or licence as the case may require.

En. S.M. 1980, c. 12, s. 4.

Granting of letter of approval or licence.

11.2(3) Upon receipt of an application under subsection (2), the licensing authority, if satisfied that the applicant and the facility meet the requirements of the Act and the regulations, may grant the letter of approval or the license, as the case may be.

En. S.M. 1980, c. 12, s. 4.

Granting of letter of approval or licence where facility not hazardous.

11.2(4) Notwithstanding subsection (3), where a residential care facility does not meet all the requirements of the regulations but in the opinion of the licensing authority the facility is not hazardous to the health, safety or well-being of any person likely to be resident therein, the licensing authority may grant a letter of approval or licence, as the case may be, to operate the facility.

En. S.M. 1980, c. 12, s. 4.

Appeal.

11.2(5) Any person aggrieved by the

(a) refusal of the licensing authority to issue a letter of approval or a licence; or

(b) cancellation or suspension of a letter of approval or a licence;

may within 10 days after receiving notice of the refusal, cancellation or suspension appeal the matter to the Social Services Advisory Committee.

En. S.M. 1980, c. 12, s. 4.

Action by committee.

11.2(6) Upon receipt of a notice of appeal under subsection (2), the Social Services Advisory Committee shall within 30 days of the date of the appeal, consider the matter and in writing advise the appellant of its decision.

En. S.M. 1980, c. 12, s. 4.

Appeal to county court.

11.2(7) Where the appellant is not satisfied with the decision of the Social Services Advisory Committee he may within 10 days from the date of the determination by the committee appeal the matter to the county court of the county court district in which the facility is situated.

En. S.M. 1980, c. 12, s. 4.

Hearing de novo.

11.2(8) The appeal under subsection (7) shall be by way of a trial de novo but the decision of the county court is final and is not subject to any further appeal.

En. S.M. 1980, c. 12, s. 4.

Powers of licensing authority and inspectors.

11.3 For the purpose of ensuring compliance with the provisions of this Act and the regulations or of any order made under this Act or the regulations, the licensing authority or an inspector may

(a) at any reasonable hour enter a residential care facility and inspect that facility; and

(b) inspect and take samples of any material, food, medication, or equipment being used at the facility.

En. S.M. 1980, c. 12, s. 4.

Validity of prior licenses.

11.4 A licence issued under The Child Welfare Act or under this Act prior to the coming into force of this Act continues to be valid until its expiry date but is subject to the provisions of any regulation made hereunder.

En. S.M. 1980, c. 12, s. 4.

S.M. 1974, c. 34, s. 16; Am. S.M. 1978, c. 49. s. 91; S.M. 1980, c. 12, s. 4.

Regulations

Regulation 41/81 governs procedures for the licensing of residential care facilities.

1 *In this regulation*

(a) "abuse" means physical punishment, threats, verbal or non-verbal coercion directed toward any resident or the withholding of a resident's regular meal, money or other personal property, medication or aid necessary for the proper physical functioning of a resident;

(b) "child" means a child as defined in the Child Welfare Act;

(c) "department" means the department of Community Services and Corrections;

(d) "disability" or "disorder" means a disability or disorder as set out in section 2;

(e) "facility" means a residential care facility;

(f) "foster home" means a foster home as defined in The Child Welfare Act;

(g) "infirmities of aging" means those manifestations of the aging process that significantly reduce mobility, flexibility, co-ordination, perceptivity and functioning of a person but are not included in other disability or disorder categories;

(h) "inspector" means a person duly authorized by the minister for the purpose of The Social Services Administration Act and the regulations;

(i) "letter of approval" means a document issued by the licensing authority for the operation of a residential care facility for a maximum of 4 children or 3 adults;

(j) "licence" means a document issued by the licensing authority to operate a residential care facility for more than 4 children or 3 adults;

(k) "licensing authority" means the minister or a person designated by the minister for the purpose of this regulation;

(l) "mental illness" has the meaning given to that expression under The Mental Health Act;

(m) "mental retardation" has the meaning given to that expression under The Mental Health Act;

(n) "minister" means the member of the Executive Council charged by the Lieutenant Governor in Council with the administration of The Social Services Administration Act;

(o) "operator" means a person who owns or operates a residential care facility or any person acting on his behalf;

(p) "program director" means a person appointed under an Act of the Legislature or by the minister to direct a program within the Department;

(q) "resident" means a person who is residing in a facility and is receiving residential care;

(r) "residential care" or (care and supervision) means the assistance required by a child, or by an adult suffering from a disability or disorder, which precludes him from living independently;

(s) "residential care facility" means any building or part of a building or any other structure, however named, which is advertised, announced or maintained for the express or implied purpose of providing residential care or transitional services to persons not related by blood or marriage to the operator; but does not include a facility which is licensed or designated by the Manitoba Health Services Commission;

(t) "supervising agency" means the agency, government department or individual responsible for the overall supervision and treatment planning for a resident;

(u) "transitional services" means supportive services to persons who currently or potentially are capable of meeting their activities of daily living independently, but who temporarily need supervision, assistance, or counselling.

2 The disabilities or disorders for the purpose of this regulation and of clause 11.1(1)(i) of The Social Services Administration Act, are

(a) mental illness;

(b) mental retardation; and

(c) infirmities of aging.

LETTER OF APPROVAL

3 No person shall establish or operate a residential care facility for one to 4 children or for one to 3 adults suffering from mental illness or mental retardation or infirmities of aging without a valid and subsisting letter of approval for the purpose.

4 An application for a letter of approval under section 3 shall be in such form as the minister may approve.

5 A letter of approval may be issued by the licensing authority only after he is satisfied that

(a) the facility meets the recommendations of

(i) the local child caring agency to the effect that conditions in the home favour the normal development of the child, or

(ii) the local supervising agency to the effect that conditions in the home are conducive to the well-being of the adult with a disability or disorder;

(b) the premises comply with legislation, regulations and standards governing fire safety and public health protection;

(c) all personnel connected with the operation of the facility are of good character and medically, physically and emotionally fit to provide the required care and where deemed necessary, a medical examination or character references may be required; and

(d) the facility meets such other standards and conditions as may be required by the minister.

6 A letter of approval issued under this regulation shall

(a) be in such form as the minister may approve;

(b) designate the maximum number and sex of persons who may be accommodated therein;

(c) be limited as to a particular operator and premises; and

(d) state any other conditions on which the letter of approval is issued.

7 No person shall establish or operate a residential care facility for 4 or more children or more than 3 adults without a valid and subsisting licence for the purpose issued by the licensing authority.

8 Notwithstanding section 7 a letter of approval may be issued to a foster home for children which accommodates more than 4 foster children where all the foster children in the home are siblings.

9 Notwithstanding section 7 no person shall establish a residential care facility for more than 15 residents without first obtaining written permission to do so from the minister.

10 An application for a licence under this regulation shall be submitted on a form provided by the licensing authority and shall be accompanied by a sketch showing the rooms to be occupied and the number to be cared for in each room.

11 A licence may be issued by the licensing authority only after receipt of recommendations from the authority having jurisdiction as to compliance with legislation, regulations and standards governing

(a) fire safety;

(b) public health protection;

(c) residential care; and

(d) such other standards and conditions as may be required by the minister.

12 Every licence issued under this regulation shall

(a) be issued for a period of one year;

(b) be in such form as the minister may determine;

(c) have endorsed thereon the date on which it expires;

(d) designate the maximum number and sex of persons who may be accommodated in the facility;

(e) be limited to a particular licensee and premises; and

(f) state any other conditions on which the licence is issued.

13(1) Notwithstanding sections 11 and 12, a licence may be renewed for 2 one year periods by the licensing authority.

13(2) Where a licence has been renewed twice as set out in subsection (1) and where the operator desires to continue to operate beyond the expiry date of the second renewal he shall apply for a new licence.

14 Two months prior to the expiry date of a licence, or a renewal of a licence, an application for a new licence or a renewal of an existing licence shall be submitted to the licensing authority on a form approved by the minister.

15 Before the owner or operator of a residential care facility discontinues the operation thereof, he shall, by a notice in writing served on the licensing authority, not less than 60 days prior to the proposed date of discontinuance, advise the authority of his intention to discontinue the operation.

16 The licensee of a residential care facility for more than 3 adults or 4 children shall

(a) maintain competent personnel sufficient in number and adequate for the maintenance and care and supervision of the residents and for other requirements of the facility; and

(b) require that night duty staff remain awake and on duty where any resident requires constant supervision.

17(1) A letter of approval or licence to operate a residential care facility is subject to review and may be cancelled in writing by the licensing authority where

(a) the facility is found to be operated without due regard to recommendations by the authority having jurisdiction as to compliance with legislation, regulations and standards governing public health and fire safety; or

(b) the facility is found to be operated without due regard to recommendations by the local child caring agency or local supervising agency as to the comfort or well-being of the residents; or

(c) the facility is operated in a manner contrary to this regulation or any applicable provincial Act or regulation.

17(2) Where the licensing authority proposes to cancel a letter of approval or licence the licensing authority shall in writing not later than 60 days prior to the date of cancellation, notify the operator accordingly and shall state the reasons for the proposed cancellation.

17(3) Before cancelling a letter of approval or licence the licensing authority shall allow the operator a reasonable period of time, satisfactory to the authority having jurisdiction, to rectify or correct any deficiencies that may exist at the facility or in the operation thereof.

17(4) Where the health, safety, or well-being of the residents in a residential care facility is, or may be endangered the letter of approval or licence may be cancelled forthwith without notice as required under subsection (2).

17(5) Where a letter of approval or licence is cancelled under subsection (4), the residents of the facility shall be removed from the premises forthwith to a safe place by the supervising agency or the agency or person responsible for the placement of the residents in the facility.

RECORDS

18(1) The operator of a facility shall

(a) keep records of each resident showing

(i) name, date of birth and sex,
(ii) date of admission and discharge,
(iii) name, address, and home and business telephone number of next of kin and supervising agency if applicable,
(iv) the name and telephone number of a physician to contact in the event of accident or illness,
(v) any medications and therapeutic diets prescribed by, and any special instructions given by, the resident's physician,
(vi) any medical disabilities made known to the operator by the resident, his physician, or next of kin, or supervising agency;

(b) keep such clinical records as may be required with respect to the goals and treatment plans for each resident;

(c) keep such personnel records as may be required with respect to the operation of the facility and make these available for inspection on request by the licensing authority;

(d) allow persons authorized by the licensing authority to examine and make copies of books, records and other documents which are required to be maintained under this regulation;

(e) subject to clause (d) ensure that all information gained with respect to any resident or his family is kept confidential;

(f) advise the supervising agency of any serious change in condition, illness or death or unauthorized absence of a resident within 24 hours of the occurrence thereof; and

(g) advise the licensing authority of, and investigate any accident or incident which jeopardized the health or life of a resident to ascertain the circumstances of the accident or incident and institute appropriate measures to prevent similar occurrences in the future.

18(2) Where the operator of a facility receives moneys or other valuable securities for the benefit and use of a resident he shall

(a) keep and maintain a record thereof and hold those moneys or securities in trust for and on behalf of the resident;

(b) issue receipts therefor;

(c) keep and maintain a record of any of those moneys or securities disbursed or expended on behalf of the resident;

(d) at the request of the licensing authority submit those records for inspection by the licensing authority or a duly authorized representative thereof; and

(e) deposit or keep those moneys or valuables in a safe or other safe storage facility and shall release part or all of those moneys or securities to the resident at the request of the resident.

SAFETY

19 The operator of every residential care facility shall ensure that the facility is provided with an approved and functioning smoke alarm on every floor level.

20 The operator of a residential care facility shall

(a) not abuse a resident, or physically restrain a resident, other than momentary physical restraint for the purpose of protecting the person and property of a resident or others, and only to the degree necessary for such protection, without first obtaining approval from the resident's physician;

(b) ensure that each resident's medication

(i) is kept at the required temperature in a clean, well-lighted, and secure storage area,

(ii) is kept in the original labelled container provided by the dispensing pharmacist, and

(iii) is administered by a responsible adult at the time and in the dosage prescribed and that a medication record is maintained of the time and dosage administered; and

(c) ensure that an acceptable first aid kit is available and readily accessible in the facility.

21 Every operator of a facility shall

(a) not accommodate physically handicapped residents unless the facility complies with the "Provisions for Physically Handicapped Persons" as detailed in The Manitoba Building Code to the extent deemed necessary by the authority having jurisdiction;

(b) not admit residents requiring services other than those for which the facility has been approved or licensed;

(c) not admit a greater number of residents than that authorized by the letter of approval or licence;

(d) advise the supervising agency and initiate the transfer of a resident to a more appropriate facility when the condition of the resident changes to the extent that safe and adequate care and supervision can no longer be provided; and

(e) obtain the approval of the licensing authority before proceeding with any renovation or change to a facility that may alter the living space, or affect the structural strength, safety, or sanitary condition of the facility.

PERSONAL SERVICES

22 The operator of a facility shall provide each resident of the facility with

(a) his own hand and bath towel and face cloth which shall be maintained in a clean condition by the operator;

(b) separate storage space for the storage of clothing;

(c) a separate readily accessible storage area for the storage of personal belongings;

(d) weekly laundry service for clothing, unless otherwise arranged by the supervising agency; and

(e) facilities for the washing of personal clothing by residents choosing to do so.

23 The operator of a facility shall ensure that every bedroom in the facility is

(a) comfortably and suitably furnished and has one chair for each resident;

(b) separate for each sex unless the bedroom accommodates only a man and his wife or pre-school children;

(c) provided with a separate bed for each resident which shall be

(i) a minimum of 99 centimetres (39 inches) wide for each adult and 61 centimetres (24 inches) wide for each child and be adequate in length for the height of the resident,

(ii) provided with level, substantial springs, a comfortable mattress, a pillow, one pillow case, 2 sheets and sufficient blankets or coverings for comfort,

(iii) provided with a complete change of clean bed linen once a week or more often when soiled and clean blankets or bed coverings at least every 6 months, and

(iv) provided with adequate artificial lighting.

24 The operator of a facility shall ensure that each bathroom in the facility is

(a) provided with a door that can be locked to ensure privacy but which can be opened from the outside in the event of an emergency; and

(b) provided with an adequate supply of toilet tissue and soap.

25 The operator of a facility shall ensure that each dining area in the residential care facility is

(a) separate from the sleeping area;

(b) provided with adequate seating facilities for all residents and staff; and

(c) provided with adequate and suitable crockery and eating utensils in good repair, for all residents.

26 The operator of a facility shall ensure that each kitchen in a facility is provided with

(a) a refrigerator, stove and sink of adequate size and in good working condition;

(b) suitable and adequate cooking utensils in good repair;

(c) suitable and adequate facilities for the storage of all perishable and non-perishable foods; and

(d) suitable and adequate facilities for the storage of all cleaning supplies and other housekeeping products.

27 The operator of a residential care facility shall

(a) at recognized meal time hours, serve a minimum of 3 meals daily which shall be varied and attractive and nutritionally and calorically adequate for the dietary requirements of each resident as recommended in the current Canadian Diety Standard; and

(b) provide meals by room tray service when a resident is too ill to eat in the dining area.

28 The operator of a residential care facility for more than 8 residents shall compile weekly menu plans for the facility, and indicate thereon any change in the actual food served when variations in the planned menu become necessary, and retain the menus for a period of at least 3 months after which time they may be destroyed.

GENERAL

29 The operator of a residential care facility shall

(a) permit the residents to receive visitors daily at any reasonable hour and at any time under special circumstances except in the case of a child where a visit would be detrimental to the well-being of the child in the opinion of the supervising agency;

(b) provide indoor living and recreation space with suitable games and equipment to enhance physical and emotional health;

(c) allow the residents free access to the living and recreational areas and reasonable use of the equipment therein throughout the day and evening;

(d) allow and encourage residents to independently utilize the community outside the facility and to constructively occupy their leisure time, and, for residents who do not adequately provide for their own leisure time needs, make available an appropriate number and type of recreational and leisure time activities;

(e) provide a telephone for the use of the residents;

(f) give all of the resident's clothing, personal possessions, money held in trust, and other valuables held in safe-keeping to the resident or to the next of kin or supervising agency when a resident leaves the facility, or to the spouse or the executor or administrator of the resident's estate on the resident's death;

(g) upon request of the licensing authority co-operate in the evaluation of the effectiveness of the program offered in the facility; and

(h) allow the supervising agency or licensing authority to have reasonable access to all persons resident in the facility.

30 Forms required for the purpose of this regulation may be obtained from the office of a licensing authority.

31 Manitoba Regulation 321/74 is repealed.

32 This Regulation comes into force on the 5th day of January, 1981.

Manuals and Policy Papers

The Procedures Manual of Standards and Licensing is presently outdated as policies and procedures have been changed since the amalgamation of Agency Relations and the Office of Residential Care. The changed policy/procedures information affects funding and reporting procedures for the most part and new policies have been dealt with via Directives. There is also a manual on Physical and Care Standards.

Legislative and Regulatory Changes Contemplated

Major changes to the Child Welfare Act are planned for introduction to the Legislature in the spring of 1984. The proposed Child and Family Services Act may include

additions or amendments which could impact significantly on the development and use of placement resources for children in this province.

Some of the changes being considered are:

(a) A Declaration of Principles which includes statements about the family as the basic unit of society and that families and children may, where possible, receive services which are culturally appropriate.

(b) A definition of the "best interests" of children which is to include consideration of cultural and linguistic heritage as outlined in the Interim Report of the Kimelman Commission.

(c) Duties of child caring agencies may include permanency planning for children, the development of appropriate child care resources, and the provision of services to families and children which are culturally appropriate.

(d) Recommendations have been made concerning the proposed Act to explicitly mandate native child welfare agencies in Manitoba.

(e) Recommendations have been submitted to the Committee Reviewing the Child Welfare Act with reference to Section 105 (d) of the Indian Child Welfare Act, 1978, United States of America. These recommendations note a need to make explicit reference in the revised Act of Manitoba acknowledging and upholding relative standards of substitute care which shall be the prevailing social and cultural standards of the

Native community in which the parent or extended family resides. These recommendations also include the right of the Indian band or Metis community to notification of any pending child welfare proceeding of which a band member or community member is the subject of such proceeding. It is also recommended that the proposed Act require that for both adoptions and other forms of substitute care, the child welfare authority be obliged to seek out placements, in order of preference, with the child's extended family, other members of the child's community, or other native families.

4. CURRENT SITUATION

Introduction

The March, 1983 statistics from Agency Relations and Residential Care indicate 78 active facilities during that month. One facility was closed March 22, 1983 so in effect at month end there were 77 facilities throughout the province serving 556 children. These homes are licensed by the Standards and Licensing Branch of Agency Relations and Residential Care Division.

One children's facility on Long Plains Reserve is included in this total but there is an unidentified number of children's group care facilities on reserves that are not licensed by the province. There are also a number of group care facilities serving mixed groups of adults and children placed by Medical Services. The present mandated authority of Standards and Licensing is unclear with regard to these facilities.

There have been situations over the past year where children have been placed in 'boarding homes'. These homes are also not licensed care facilities. Presently 'boarding homes' may still be in use but children's admissions are to be kept to 4 or under per home.

There is no central registry of all residential resources for children. There may be homes not approved by one program but approved by another.

Since March 31, 1983 and over the next several months there are several known pending closures of existing facilities. The Board of Directors of Pathway Children's Home requested that they close one of their facilities May 15, 1983. This has since occurred. There are two further facilities in rural Manitoba - Grandview and Bellsite - that will be phased out August 30 and July 15, 1983 respectively. The reasons for these closures are basically the same. As Level II facilities, they have had long term difficulties in maintaining their occupancy at an acceptable level. This is partly due to the homes' inability to handle more acting out youngsters and lack of need for that level of care in those particular areas.

Group Homes

The following tables indicate the group homes licensed by the province as of June, 1983. The tables indicate whether the home is profit or non-profit, the homes actual and licensed capacity, the level of care provided, the age and sex of children served and the per diem rate paid.

PROFIT:

LICENSEE AND ADDRESS OF HOME	Actual Days Care For Month	Lic. Cap. Days For Month	Y.T.D. %	LICENSED CAPACITY BY LEVEL OF CARE I	II	III	IV	V	AGE	SEX	RATE
Adams Group Home, Box 65, Swan River	158	248	78.3		8				0-7	Co-ed	43.25
B & L Homes for Children, 240 Garfield, Winnipeg	238	248	91.1			8			15-18	Co-ed	75.22
B & L Homes for Children, 571 Gertrude, Winnipeg	224	248	85.6			8			12-16	Female	75.07
B & L Homes for Children, 236 Ruby Street, Winnipeg	248	248	94.3			8			12-17	Male	75.05
Cathedral Valley Group Home, Box 99, Grandview	155	248	60.5		8				10-16	Male	55.92
Corrie Group Home, 322 Aldine St., Winnipeg	240	248	74.0		8				13-16	Male	58.94
Halldorsson Group Home, 171 Arlington St., Winnipeg	242	248	84.9		8				11-18	Female	63.13
Halldorsson Group Home, 177 Ruby Street, Winnipeg	248	248	86.3			8			11-18	Female	71.90
Hydra House, 125 Spence Street, Winnipeg	248	248	90.4				8		8-18	Co-ed	90.50
LeBlanc Group Home, Box 146, Birch River	186	248	67.6		8				12-18	Male	43.82
Maxwell Group Home, Box 832, Boissevain	233	248	95.1		8				12-16	Male	61.65

PROFIT: (Cont'd).

LICENSEE AND ADDRESS OF HOME	Actual Days Care For Month	Lic. Cap. Days For Month	Y.T.D. %	LICENSED CAPACITY BY LEVEL OF CARE I	II	III	IV	V	AGE	SEX	RATE
Newransky Group Home, R. R. 1, Dauphin	242	248	87.2			8			13-17	Female	72.42
Poplar Bay Experience, Box 1196, Lac du Bonnet	218	217	94.3	7					16-17	Male	66.42
Ross Group Home, 354 - 14th St., Brandon	158	248	71.6	8					12-18	Male	58.91
Starhawk Group Home, Box 66, Ashern	248	248	91.4	8					12-17	Female	61.59
Teetaert Group Home, 178 Lenore Street, Winnipeg	169	248	91.4						12-18	Male	Closed Mar 22/83 re: complaint/ invest.
Thompson Group Home, 247 Garfield Street, Winnipeg	230	248	97.9			8			11-15	Female	69.61
Van Tassel Homes, 201 Linwood Street, Winnipeg	245	248	99.7				8		9-14	Male	79.59
Van Tassel Homes, 517 Shelley Street, Winnipeg	248	248	99.0			8			12-18	Male	67.58
Van Tassel Homes, 254 Winchester St., Winnipeg	248	248	100.4			8			12-18	Male	71.11

NON-PROFIT:

LICENSEE AND ADDRESS OF HOME	Actual Days Care For Month	Lic. Cap. Days For Month	Y.T.D. %	LICENSED CAPACITY BY LEVEL OF CARE I	II	III	IV	V	AGE	SEX	RATE
Bannatyne Children's Home, 909 Bannatyne Ave., Wpg.	155	186	81.4			6			0-10	Co-ed	26.68
Churchill Health Centre, Churchill, Man.	246	248	81.0		8				0-18	Co-ed	51.08
Dakota Ojibway Tribal Home, Edwin, Man.	248	248	78.7		8				8-14	Male	55.90
Glenwood Children's Home, 812 Dominion St., Wpg.	124	186	85.4			6			0-8	Co-ed	24.77
Green Pastures Group Home, Box 30, Vassar, Man.	210	248	91.2		8				10-17	Male	59.66
Naturas Inc., Box 193, St. Pierre, Man.	234	248	88.6				8		12-16	Co-ed	84.12
Naturas Inc., 75 Barber St., Winnipeg	203	248	89.5			8			15-18	Male	75.50
Norwood School Division, 104 Horace St., Winnipeg	214	217	78.7		7				11-18	Male	72.40
Norwood School Division, 187 Kitson St., Winnipeg	212	248	85.7		8				11-18	Female	65.34
Pathway Children's Home, 318 Anderson Ave., Wpg.	157	248	68.1		8				8-12	Male	62.79
Pathway Children's Home, 276 Mountain Ave., Wpg.	177	248	64.5		8				10-17	Female	Closed May 15/83 by Board request
Project Neecheewam, 97 Nassau St. N., Winnipeg	214	248	90.5			8			13-17	Male	76.46

NON-PROFIT: (Cont'd).

LICENSEE AND ADDRESS OF HOME	Actual Days Care For Month	Lic. Cap. Days For Month	Y.T.D. %	LICENSED CAPACITY BY LEVEL OF CARE I	II	III	IV	V	AGE	SEX	RATE
Project Neecheewam, 320 Stradbrook Ave., Winnipeg	203	248	83.4			8			13-17	Female	75.49
Quest Group Home Services Inc., 103-6th St., N.W., Portage La Prairie, Man.	239	248	97.4			8			12-18	Female	92.25
St. Amant Community Res., 47 Tracy Crescent, Wpg.	186	186	98.3	6					10-18	Female	66.49
Yale House, 129 Yale Avenue, Winnipeg	186	186	98.6	6					12-16	Male	61.74
The Pas Group Homes, 84 Fischer Avenue, The Pas						6			12-16	Male	84.08
St. Amant Community Res., 219 Darwin St., Winnipeg				6					12-16	Male	

LICENSEE AND ADDRESS OF HOME	Actual Days Care For Month	Lic. Cap. Days For Month	Y.T.D. %	LICENSED CAPACITY BY LEVEL OF CARE I	II	III	IV	V	AGE	SEX	RATE
C.A.S. of Winnipeg Group Homes											
153 Antrim	186	186	98.1	6					0-13	Co-ed	25.77
848 Bannatyne	186	186	93.7	6					2-13	Co-ed	27.03
254 Bannerman	186	186	80.6	6					6-18	Co-ed	27.38
297 Bartlet	186	186	69.9	6							28.52
333 Bedson	178	186	84.2	6					12-16	Female	28.74
93 Canora	245	248	78.6				8		12-16	Female	78.31
1342 Chancellor Drive	186	186	95.0	6					0-13	Co-ed	29.42
415 Charles Street	196	248	101.4			8			14-18	Female	74.47
1020 Corydon	186	186	83.4	6					5-13	Male	29.36
120 Fairlane Avenue	137	186	83.7	6					2-9	Co-ed	26.64
2 Greyfriars	186	186	104.2	6					4-18	Co-ed	26.77
901 Jessie Avenue	210	248	90.0			8			13-18	Female	69.70

LICENSEE AND ADDRESS OF HOME	Actual Days Care For Month	Lic. Cap. Days For Month	Y.T.D. %	LICENSED CAPACITY BY LEVEL OF CARE I	II	III	IV	V	AGE	SEX	RATE
C.A.S. of Winnipeg Group Homes (Cont'd).											
3 Kingshead Close	155	186	63.6	6					0-14	Co-ed	27.18
95 Kinver Avenue	186	186	94.7	6					0-9	Co-ed	26.04
604 Machray Avenue	273	248	110.0	6							66.59
1666 Mathers Bay	159	186	91.9	6					8-13	Male	28.73
832 McDermot Avenue	232	248	105.0				8		14-18	Male	68.91
824 McMillan	226	248	82.2				8		12-17	Co-ed	79.78
273 Oakwood Avenue	220	248	98.5			8			0-9	Co-ed	85.93
27 Peel Crescent	186	186	88.3	6					4-10	Co-ed	28.15
5920 Rannock	146	186	88.3	6					8-16	Male	28.33
21 Ravenhill Road	155	186	84.5	6					6-14	Co-ed	25.36
640 Rosedale	249	248	89.8			8			5-10	Co-ed	69.57

LICENSEE AND ADDRESS OF HOME	Actual Days Care For Month	Lic. Cap. Days For Month	Y.T.D. %	LICENSED CAPACITY BY LEVEL OF CARE I	II	III	IV	V	AGE	SEX	RATE
C.A.S. of Winnipeg Group Homes (Cont'd).											
196 Rouge Road	124	186	76.6	6					0-9	Co-ed	26.83
253 Ruby Street	174	186	90.3	6					8-15	Female	27.54
214 Sansome	93	248	88.4			8			3-12	Co-ed	65.84
994 Spruce Street	24	248	73.3				8				79.78
1241 Strathcona Street	120	186	84.0	6					2-9	Female	26.54
28 Treger Bay	186	186	100.0	6					1-18	Co-ed	26.38
983 Warsaw	157	248	66.5			8			14-18	Female	66.84
301 Whytewold	217	248	82.7		8				1-12	Co-ed	63.37
925 William Avenue			122.4								
958 Winnipeg Avenue	217	248	96.9		8				8-18	Male	78.84

LICENSEE AND ADDRESS OF HOME	Actual Days Care For Month	Lic. Cap. Days For Month	Y.T.D. %	LICENSED CAPACITY BY LEVEL OF CARE I	II	III	IV	V	AGE	SEX	RATE
C.A.S. of Eastern, 718 William Ave., Beausejour	60	186	32.6	6					14-18	Female	Closed June /83
C.A.S. of Eastern, 198 Braemar, Winnipeg	107	155	70.1	5					7-18	Male	29.14
C.A.S. of Western, 18 Cypress Blvd., Brandon	181	248	75.2				8		9-14	Co-ed	74.23
C.A.S. of Western, Frederick Hse, 647 Frederick, Bdn.	217	217	91.6			7			12-18	Co-ed	68.42
C.A.S. of Western, Kinette Hse, 248-13th St., Brandon	142	186	84.9		6				12-18	Co-ed	23.91
C.A.S. of Western, Kinsmen Hse, 354-11th St., Brandon	146	217	82.1			7			12-18	Male	74.97
C.A.S. of Western, Patrick Hse, 645 Frederick, Bdn.	164	217	63.6		7				12-18	Co-ed	39.17
Jewish Child & Family Services, 125 Machray, Wpg.	169	248	70.8				8		6-18	Co-ed	74.93
Jewish Child & Family Services, 427 Templeton St., Winnipeg	197	248	65.9			8			12-18	Co-ed	59.58

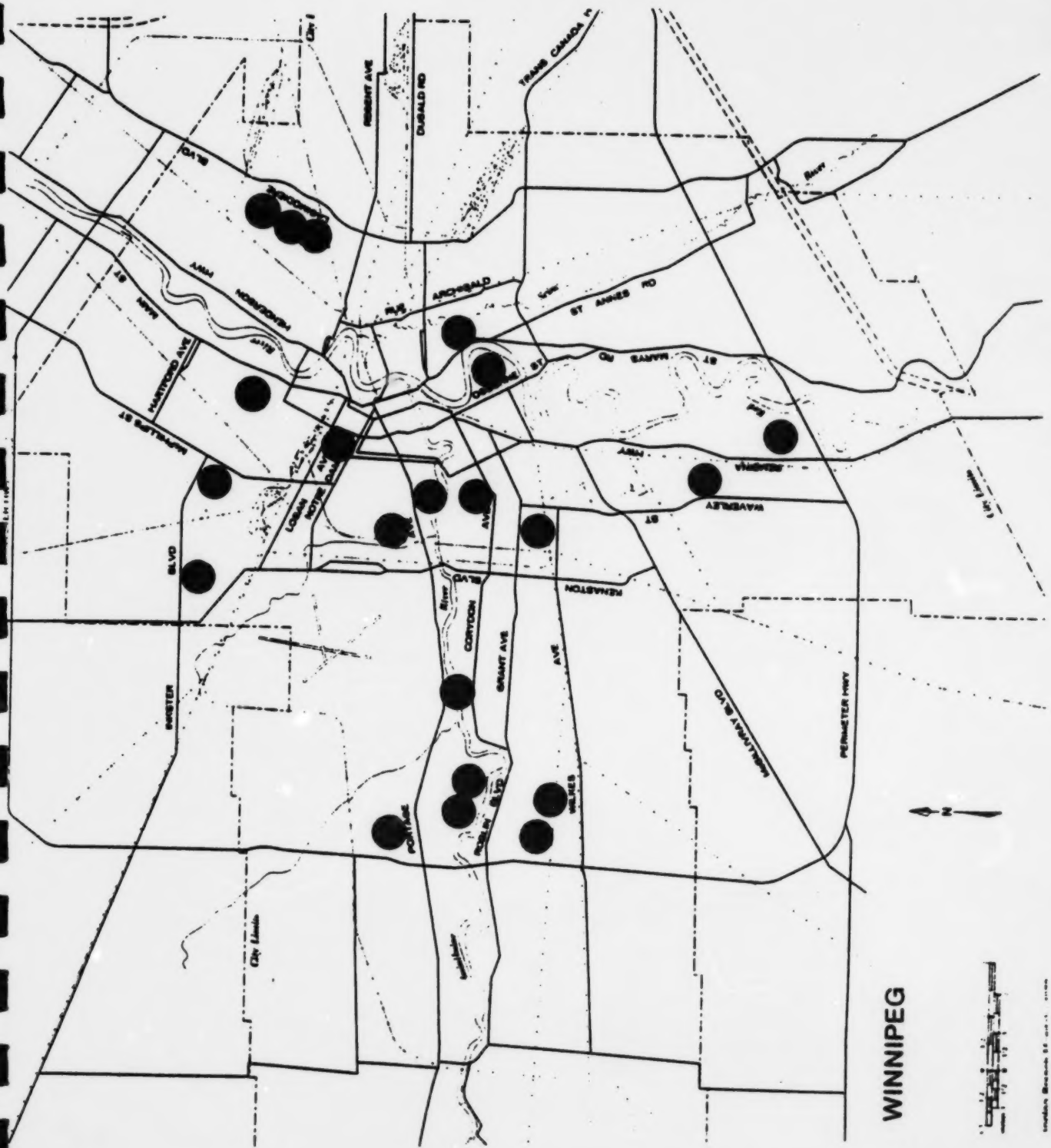
+Add 9%

Geographic Distribution

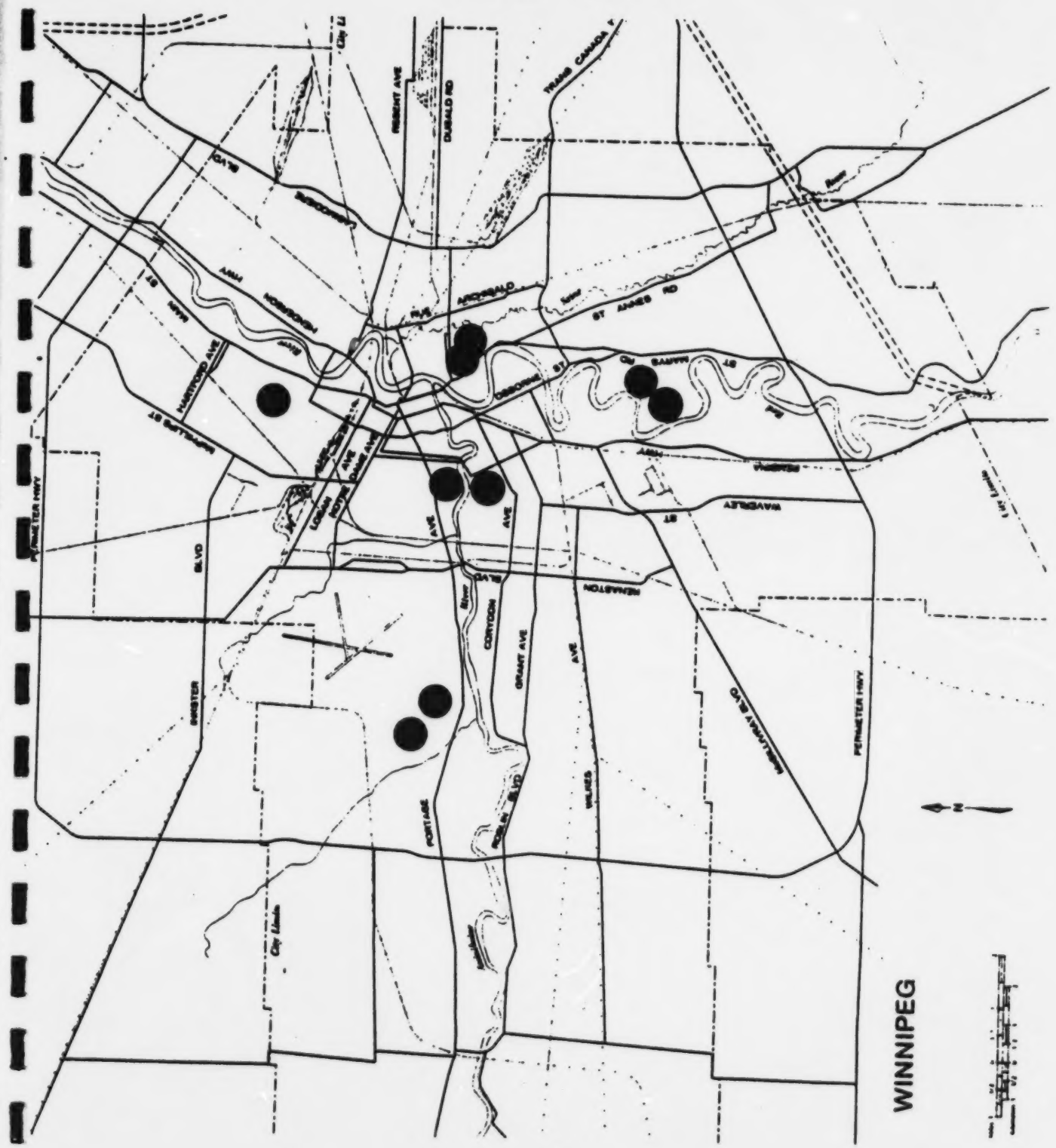
Of the 80 homes listed in the Table in the proceeding subsection, 60 homes are located in Winnipeg, 6 in Brandon and the remaining 14 are scattered throughout the province.

The following maps indicate the actual location of group homes.

WINNIPEG - LEVEL I



WINNIPEG - LEVEL II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TRANS CANADA 1
REGENT AVE
DUGALD RD
ARCHIBALD
ST ANNES RD
OSBORNE
MAIN
HARGRAVE
MAYDELEY
KENNEDY
GARRY
DONALD
GRANT AVE
WILLIAM
PORTAGE
ROBLIN BLVD
HARTFORD AVE
LONDON
ROYAL
CHAMPLAIN
ST MARYS RD
ST JAMES
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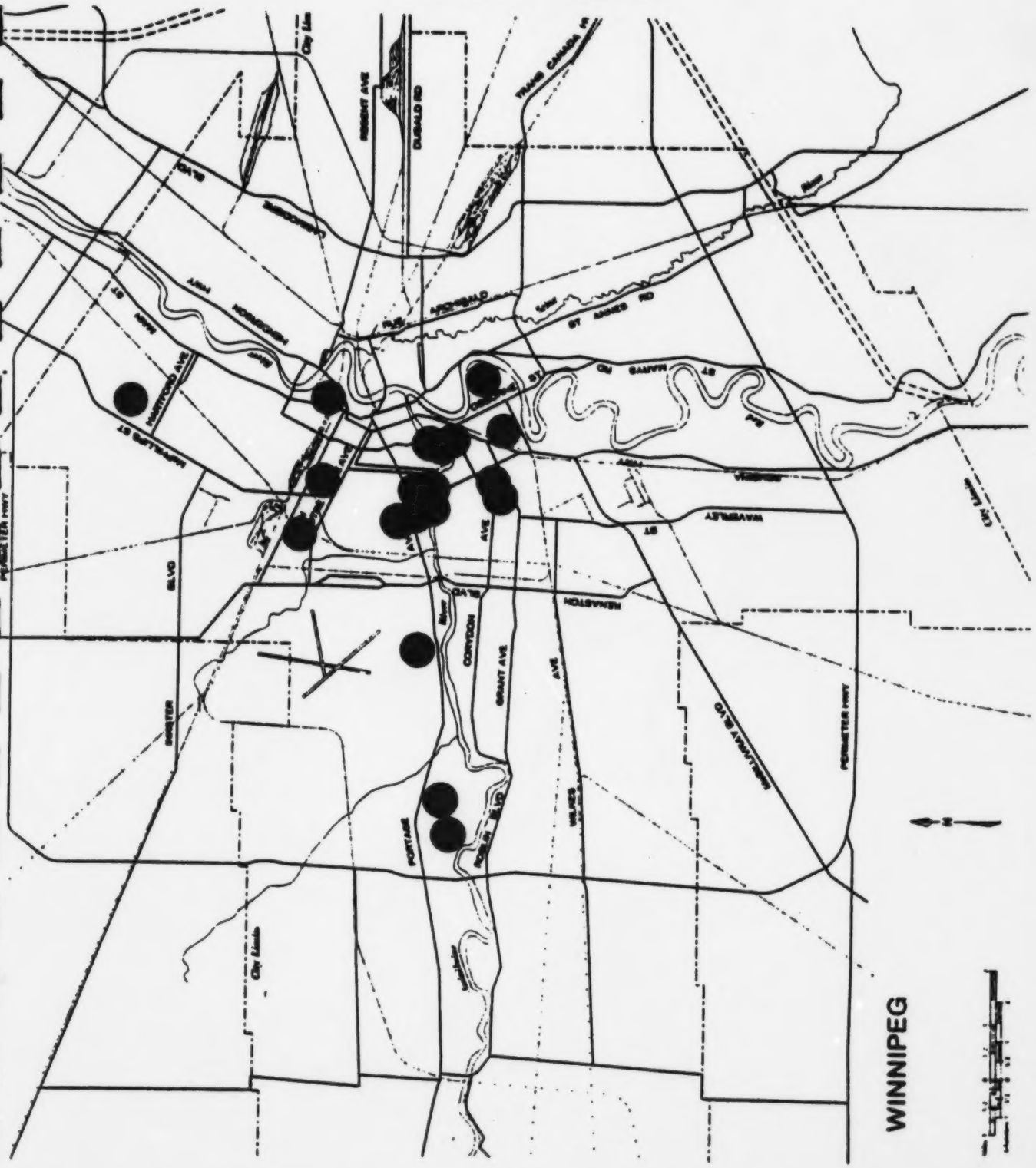
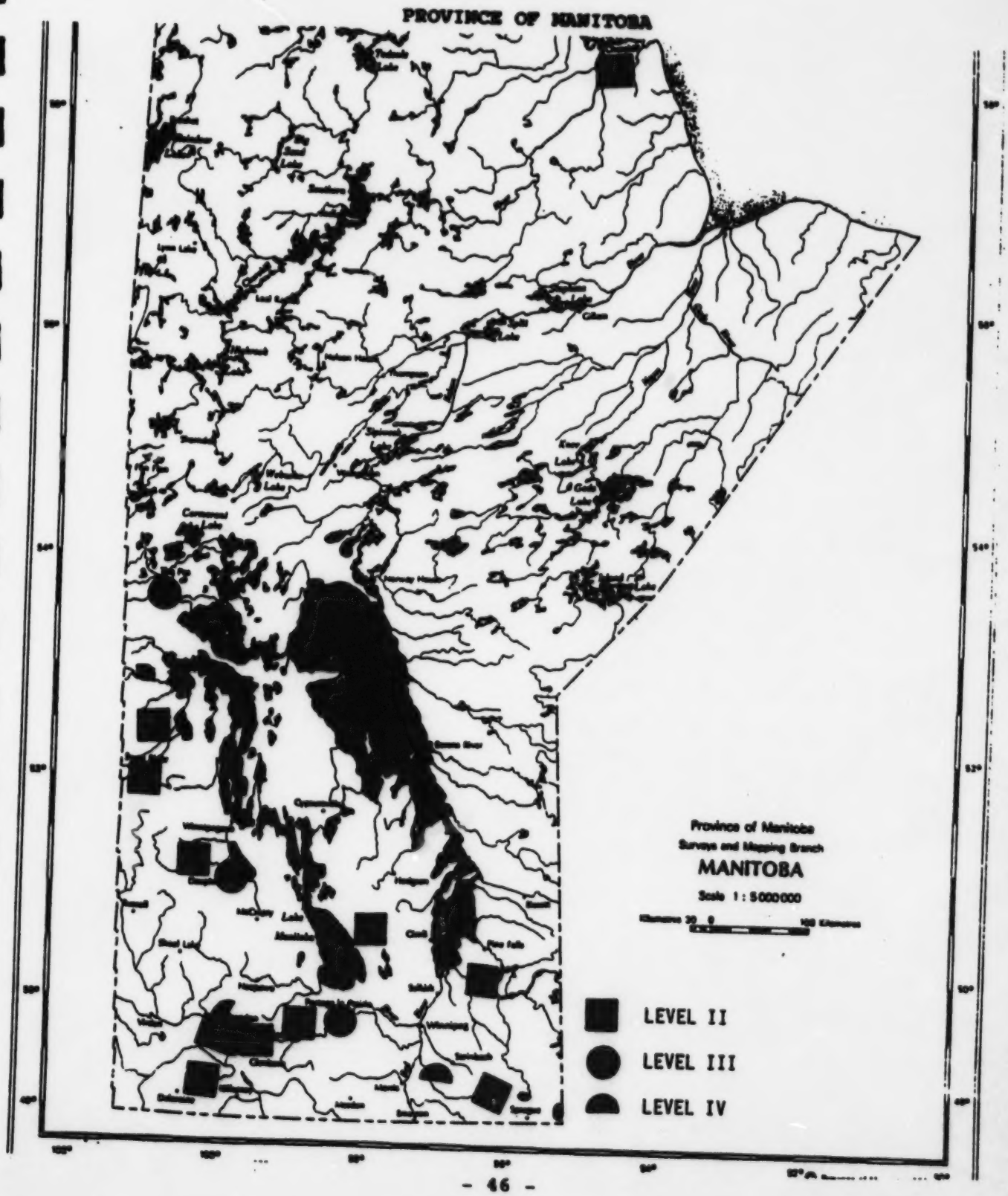
ST BONIFACE
ST NORBERT
ST JOHNS
ST JAMES
ST JAMES
ST JAMES

WINNIPEG - LEVEL III



WINNIPEG - LEVEL IV


PROVINCE OF MANITOBA
Province of Manitoba
Surveys and Mapping Branch
MANITOBA
Scale 1 : 5000000
LEVEL II
LEVEL III
LEVEL IV

5. GROUP HOME LEVELS

Introduction

The intent of the level system was to identify specialties of group homes in handling certain kinds of problems and matching the child with these leveled care facilities. The system was first devised in 1978 using a 3 level system. The 5 level system was introduced in 1981 to reflect the range of difficulties of children being served.

The categories now used, "a" through "e", are guidelines for referring workers to quickly identify primary functions of a facility within a level. Statistics include the Receiving Homes (Children's Aid Society of Winnipeg) within the Level IV although Receiving Homes are considered unleveled due to their emergency function. Admissions may range from Level I to V and the homes are staffed at Level IV to ensure adequate coverage to meet the range of needs.

The description of 'client characteristics' by level provides a general description of children served within the various levels of group care (group homes and private institutions).

When one attempts to view the continuum of resources available, it tends to be outlined as a straight line. It starts with less intense treatment settings (foster homes) to the more intense settings (institutions). It appears that the administrative system which provides these resources views the start of the "continuum" at the point where a child is removed from his natural home, thereby de-emphasizing the importance of services which could be available to a child in his own home.

There have been instances where supplementary supports have been provided to natural families and foster families but the system for funding is arduous and difficult. If special approval is required, a submission, centralized at the Child and Family Services Directorate, must be made to government. To place a child in Levels I - III, one need only find a bed available and sign a Placement Agreement with the facility.

A concern prior to February, 1983, was that a huge number of children under the age of 12 years were in care in Receiving Homes and Level I facilities and some in specialized higher levels of care. On February 1, 1983, two Receiving Homes for young children were closed and since then there has been ongoing discussions and some closures of facilities housing young children. The Children's Aid Society of Winnipeg proposed to the Standards and Licensing Branch the closing of 5 facilities (6 bed units) over the next several months.

At the lower end of need, there have been concerns raised about inappropriate placements. Children have been placed in either a higher or lower level than actually required.

At times it would seem that a single staffed unit with 6 children cannot meet the developmental needs of young children who are under functioning due to neglect, abuse or deprivation. Use of different relief staff in these facilities to cover regular days off, holidays, sick time or shopping trips adds to the confusion and the insecurities of children.

The Children's Aid Society of Eastern Manitoba uses their Level I facility in a variety of ways to meet individual needs of children. At times the occupancy is

maintained below 6 to free staff time to stabilize a very difficult youngster, to allow for effective long term planning or to resolve a family crisis to enable a child's return home. This home functions partly as a Receiving Home for older youngsters.

While there is a need to ensure adequate supplementary supports available to keep children out of Level I facilities, there is also a need to allow for some flexibility. There is a need for some children who can't accept foster home 'closeness' to be serviced in Level I facilities.

At the top end of the scale (Level V), children have basically been viewed as those children placed out-of-province. Although considered Level IV, the private institutions have also admitted some Level V children. The Screening and Monitoring Committee, introduced within the past year, screens all referrals of Level IV placements to ensure that only true Level IV children are accepted.

There is a group of children of approximately 17 years of age who are viewed as difficult, unmotivated, transient, but not dangerous to self or others, who take up a lot of worker time in re-placements. This group of older teens could be accommodated in a hostel type program which would meet the child's basic needs. This program would provide supports, if needed, but would essentially be a program for children under guardianship who do not want service. These children are frequently in and out of high level resources, boarding homes, YMCA or hotels. It must be recognized that in fact, although not in law, these are functionally young adults. In other provinces these 16 and 17 year olds are legally dealt with as adults.

There is a need for Level IV - V beds to service psychiatric disorders. Locked beds may not be needed if existing locked programs could become flexible enough to meet greater individual needs.

Attitudes need to undergo changes so that the system begins to look at needs of children and how best to meet these needs without movement of the child from his community or family. More emphasis must be placed on active involvement when needs begin to emerge.

Level I

Client Characteristics - Situational Problems - refers to those children requiring placement largely because of factors beyond their control and not of their own making, i.e. neglect, abandonment, parent's inability to function. This type of child would show limited behavioural or emotional difficulties other than responses related to the stress of the circumstances which led to their need for placement.

Program Orientation - "Program" per se at this level would be non-existent. Children in placement would be expected to accommodate to the routines of life in the family in which they were placed. Community activity is based on individual choice to be involved with little or no support from houseparents.

Level II

Client Characteristics - Situational problems, minor behavioural, emotional or interpersonal problems. Children whose background are comparable to those described in Level I and in this sense suffer "situational difficulties", but who also show behavioural, emotional and interpersonal

problems requiring placement away from home. Examples would include poor school attendance, delinquent activity (property offenses), resistance to parental attempts at control, etc. Children who are mildly retarded requiring placement would also be included in Level II.

Program Orientation - "Family Routine" directed toward living in a family. As part of family living, houseparents plus support child care staff would consciously involve all children placed in activities geared to enhance learning, socialization and work or activity skills, i.e. recreational involvement with ongoing support from houseparents or child care staff. Houseparents or child care staff will need to provide support and facilitate resident's participation and attendance in appropriate recreation.

Level III

Client Characteristics-Moderate behavioural, emotional or interpersonal problems, some situational problems. These children would differ from those in Levels I and II on the basis of the degree and typology of problems presented. Their behaviour and personal conflicts would require more tolerance, understanding and control than could be reasonably handled in a family setting. Problems presented would include mild-moderate emotional disturbance, moderate retardation, pronounced control and behavioural problems such as hostility, resistance to every day rules and regulations and repeated delinquencies.

Program Orientation-"Activity Program-directed toward socialization. At this level there is a conscious effort made at coordinating the free time of children in placement so as to enhance their social and interpersonal awareness. Many evenings would have either "outside" (i.e. visits to

planetarium, travelogues) or "inside" activities (i.e. group meetings) to discuss problem areas which are planned, discussed and meeting the identified needs of unsophisticated residents. At this level, group participation in recreation is a requirement. Resources are used under the supervision and direction of child care staff.

Level IV

Client Characteristics - Volatile children with high degree of behavioural, emotional and interpersonal problems. These children cannot regularly handle the demands of regular school programs. They are demanding on other children and adults and consequently experience many crises in daily living and exhibit many signs of disturbance. The child resists change or treatment intervention. These children, because of their high degree of emotional disturbance, may be violent to themselves or others. They require considerable control and structure.

Program Orientation - Planned Individualized Program Directed Toward Increasing Awareness, Self-Control. This level differs from Level III in that there is more planning of programs to meet individual needs. Most evenings would be organized once planned through "outside" or "inside" activities to coordinate most of the free time of children in placement to enhance their awareness, develop some insight and self control. These activities again are supervised by child care staff. Most recreation takes place within the resident group. Children usually at a Level IV cannot use community resources to their fullest and require a great deal of encouragement and support.

Level V

Client Characteristics - Severe emotional disturbance, psychiatric problems, violence, severe retardation. These children are frequently a danger to themselves or others due to the severity of the emotional disturbance. These children are unable to handle the demands of daily living, school, etc. They require individualized treatment planning and programs. They require considerable control and structure.

Program Orientation - "Therapeutic" directed toward Interpersonal and Emotional Growth. The whole emphasis at this level is to effect improvement in the individual by consciously building insights, understanding of motivation, assisting the resident to realize the effect his/her actions and behaviours have on others, increasing his/her self awareness, thereby achieving better personal control and communication skills. Recreation, again, is supervised by child care staff and is considered part of the therapeutic process. Residents are unable to use available community resources hence the need for child care staff to develop programs.

6. QUALITY CONTROL

Physical Standards

Generally, the standards set for residential care facilities are those set by the Manitoba Building Code, City By-laws and standards which have been agreed to by authorities having jurisdiction in the area of fire, health and safety.

Facilities are inspected by the authorities having

jurisdiction at the initial application stage and once all requirements have been met, a licence is issued. Thereafter, all authorities are requested by the Standards and Licensing Branch to perform a formal inspection prior to the anniversary date of the licence renewal.

The Standards and Licensing Branch performs inspections of the facilities at least twice a year for physical standards. If an unfavourable report results, the operators are advised and the requirements are sent by mail identifying the remedial work to be completed.

Once the remedial work is completed, a re-inspection by the local authority is requested. Failure to complete work could result in a withdrawal of the licence.

Program Standards

Residential Care Standards are documented in the Procedures Manual for group home operators. These Standards were developed by the Department in 1977-78 with minor revisions in 1981. Care Standards were mandated through the Social Services Administration Act and Manitoba Regulation 41/81.

Standards are required expectations of any group residential care facility licensed by the Department regardless of level of care.

Care Standards are based on the concept of normalization keeping in mind the age, limitations, capabilities and level of functioning of an individual child. Standards maintain basic rights of individuals - respect, confidentiality, individualization. Within these standards, expectations are made of both the facility operator and the supervising worker to ensure sound long term planning, continuity of care, family involvement, use

of community resources and re-assessments and evaluations.

There has been discussion on the possible need to separate basic care standards from program standards. Presently, a care standard indicates a goal; i.e. to ensure children receive optimal medical care. Program would specify how the care standard (goal) would be achieved.

As the need level of children increases, the facility operator must do more programming to meet the needs of a child. At lower levels of care, with direction and supports, children handle daily activities as any child with adult or parental guidance.

The Standards and Licensing Branch and Child and Family Services are responsible for completing annual reviews of facilities. A licence may not be issued if care standards are not met or revoked if not maintained at the expected level.

Complaints received by the Standards and Licensing Branch are investigated as soon as they are received and Child and Family Services are involved if children are seen as being at risk. Children can be removed immediately if they are considered to be in an 'at risk' situation.

Staffing Standards

Prior to April, 1983, operators were required to submit employee data forms on all new staff. These forms were monitored by the Standards and Licensing Branch with regard to education, experience, salary allotted by the operator, and certification that the employee was an adult of good character, medically, physically and emotionally capable of performing the duties assigned.

Since April, 1983, the new funding mechanism has allowed the group home operator greater flexibility in staffing patterns. While standards must be met, the operator can pay an employee a salary outside the salary scale. Within his budget, he may choose to hire more or less staff as long as the required coverage is provided.

Operators are no longer required to submit employee data forms on new staff, although these will be available in the homes for the annual review. A summary of staffing must accompany monthly billings. This allows monitoring of monthly hours of employee work.

The salary scale was developed to allow incremental movement and reclassification.

The Standards and Licensing Branch has offered a child care training course for the past 3 years to allow Child Care Worker I's the opportunity to take courses relevant to their work with the possibility of reclassification to a Child Care Worker II upon course completion.

Group Homes were assigned staff based upon the level of care and the design of the staffing pattern.

The following shows the staffing standards, per level of care:

Receiving Homes = 8.4 SY + 1.03 SY relief + .4 adm. = 9.83 SY
(Children's Aid Society of Winnipeg only)

Level I = 2.2 SY + .27 relief = 2.47
Live-In Houseparents

Level II = 4.9 SY + .60 relief + .35 adm. = 5.85 SY
Shift-Staff (1 - 1.5 - 1)

Level III = 5.6 SY + .69 relief + .4 adm. = 6.79 SY
Shift-Staff (1 - 2 - 1)

Level IV = 7.0 SY + .86 relief + .4 adm. = 8.36 SY
Shift-Staff (2 - 2 - 1)

Level V - Staffing is negotiated.

Position Descriptions

Position descriptions are contained in the manual of the Standards and Licensing Branch. It is assumed that each group home will detail the specific duties and responsibilities assigned to each position. Only the general position descriptions are included here.

Child Care Aide

This is auxiliary child care work covering any variety of assignments in which the incumbent through discharge of her duties comes in contact with the children in care and thus through her attitude, warmth and understanding can have a positive or negative influence but, does not carry the child care role and is not trained for it. Included would be cook, housekeeper or driver. In most homes the special duties assigned to an aide would be carried by child care staff, or would be assumed by part time staff.

Child Care Worker I

This will normally be the recruitment and training level. An employee would become eligible for progression

to Child Care Worker II upon successful completion of a training program of an acceptable kind and duration and a minimum of two year's service as a Child Care Worker I.

Child Care Worker II

This is the working level for a trained child care worker in a children's group home. Considering the legal limitation on the size of a group home (eight residents) a worker at this level might be the only worker on duty. He would normally work under the general direction and supervision of a Child Care Worker III or Director.

Child Care Worker III

This is a senior level child care worker position which in addition to child care duties carries responsibility for the supervision and direction of other child care workers in the overall execution of a group home program whether these workers are on the same or alternating shifts. May be the "operator" of a group home serving fewer than the maximum allowable number of children (eight), which may include children with moderately complex problems.

Child Care Director

This is the senior child care level in a children's group home. It covers a range of responsibilities which vary in difficulty and kind, dependent upon (1) the number of housing units in the facility, (2) the number of children served by the program, (3) the degree of complexity and sophistication of the program consistent with the level of difficulty of the client problems addressed, and (4) the qualifications and experience brought to the position.

The incumbent will have the overall responsibility and charge of the group home operation.

Salary Scale 1981 - 82

The manual of the Standards and Licensing Branch provides the following annual salary scales for 1981/82:

	Step 1	2	3	4	5	6
Child Care Aide -	11,773.00	12,159.00	12,565.00	12,988.00	13,448.00	
Child Care Worker I -	13,670.00	14,167.00	14,665.00	15,198.00	15,770.00	16,360.00
Child Care Worker II -	16,533.00	17,111.00	17,756.00	18,418.00	19,120.00	19,856.00
Child Care Worker III -	17,756.00	18,418.00	19,120.00	19,856.00	20,612.00	21,425.00

Child Care Director

Step	Annual Salary 1981-82
1	19,483.00
2	20,238.00
3	21,031.00
4	21,859.00
5	22,725.00
6	23,646.00
7	24,605.00
8	25,617.00
9	26,410.00
10	27,357.00
11	28,304.00
12	29,252.00

7. ADMISSIONS/DISCHARGE PRACTICES

Determination of Placement

Currently, with the exception of children referred to Level IV-V group homes and the private institutional resources and children placed in short-term and long-term government institutions, placement of children is determined solely by the placing agency. In the case of Probation Services, the placement of children has been centrally coordinated through a placement coordinator and controlled by the Placement Review Committee.

The size and complexity of the child welfare system together with the existence of private agencies and residential facilities has resulted in a decentralized case

management system. The proliferation of child care agencies through the development of native child agencies has added further to the size and complexity of the system.

Direct control and/or coordination of placements by Child and Family Services has to date been limited to admissions criteria used by Seven Oaks Centre for Youth and the Manitoba Youth Centre, reviews and recommendations of the Treatment Panel in relation to referrals and/or admissions to Agassiz Centre for Youth and Doncaster Centre, and the screening of referrals to residential resources designated as Level IV-V through the Screening and Monitoring Committee.

Until January, 1983, the Treatment Panel also reviewed requests for placement in treatment resources outside of the province.

Control is also exercised, by or through the Director of Child Welfare, of access to special programs/placements requiring ministerial approval for funding of additional staff and/or services not included in the existing appropriation. This special funding process is also required for children reaching the age of majority who have special needs which necessitate an extended use of services and resources for children under the Child and Family Services program.

The need for, and implementation of, systems and/or controls to ensure appropriate planning for and placement of children is currently under active review by the Child and Family Services Directorate which, among other factors, is taking into consideration the experience of some other provincial jurisdictions and other provincial programs. This review will include an examination of the need for, and feasibility of, combining and/or redefining the roles

of the Treatment Panel and the Screening and Monitoring Committee taking into consideration possible changes as a result of the implementation of the Young Offenders Act.

Determination of Level of Care

Consistent with the above, the level of care required for a particular child is determined by the placing agency. Some agencies leave the primary responsibility for case planning to the individual worker while others have in place various forms of placement coordination involving supervisory staff.

Monitoring of Child's Progress

With the exception of children reviewed by the Treatment Panel or by the Screening and Monitoring Committee, and case reviews initiated by staff at the Seven Oaks Centre for Youth, monitoring of a child's progress is the responsibility of the placing agency.

Provincial standards require that all children placed in residential facilities are to be reviewed after one month and every three months thereafter. Workers are expected to visit their wards once a month and group homes and institutions are encouraged to insist on regular visitation and to initiate regular conferencing. There is no method of determining whether such visits occur on a regular basis. Problems and/or concerns around residential programs, agency practices and individual program plans for children are frequently identified during licensing/program reviews of group homes and institutions.

In addition, children placed in specific programs have been monitored on a selected basis. Two examples are the placement of children at X-Kalay (Lemay House) and

placements of children in residential facilities for over 2 years.

Finally, any complaints or other incident reports which are referred to the Standards and Licensing Branch and the Child and Family Services Directorate for their involvement are acted upon by those branches, usually in concert.

Determination of Changes in Level of Care

Placing agencies, in consultation and collaboration with residential resources, are responsible for identifying the need for a change in plans for a child including the need for placement in a higher level of care. Again, if the plan is to place in a government institution or in a resource designated as Level IV-V, the Treatment Panel or Screening and Monitoring Committee must be involved.

Determination of Readiness for Discharge

It is the responsibility of the placing agency, in consultation and collaboration with the residential facility, to determine when a child is ready for discharge with the exception of those children admitted or committed to the Agassiz Centre for Youth or the Doncaster Centre.

Responsibility for Continuing Work with Family

The primary responsibility for working with families and for preparing for children to return home rests with placing agencies. However, private institutions in the province have professional support staff available to work with agencies and directly with families to facilitate a child's return home.

Group homes, on the other hand, currently do not have staff or funds to work with families in preparing children for discharge.

Appeal Mechanism

In the event a parent or child is concerned about the appropriateness of a placement or the quality of service being provided, a review of the placement can be initiated. Residential Care standards require that facilities provide each child with an opportunity to complain through an established grievance procedure. Such policies and procedures are to be written in the policy manuals of each facility and are to be explained to residents on admission.

In addition, residential facilities are required to report incidents or complaints to the licensing authority as outlined in the standards. Parents have the option of appealing to the placing agency if they are dissatisfied with the plan or the care provided.

However, there is no formalized structure or mechanism for review of case planning initiated by parents. Complaints by, or on behalf of, children or their parents received by Agency Relations and Residential Care or by Child and Family Services are followed up by Child and Family Services. Similarly, complaints to the Minister or other Members of the Legislature are investigated by the Child and Family Services Directorate, the licensing authority, or both, depending on the nature of the complaint.

The Screening and Monitoring Committee (as of March, 1982)

The Screening and Monitoring Committee of the Child and Family Services Directorate (hereinafter referred to as the Committee), was established for the purpose of screening and monitoring referrals from child caring agencies to residential resources in the province designated to admit children requiring more intensive care. The intent is to ensure that appropriate and effective use is made of high cost/high intensity residential programs and facilities. Only those children requiring higher levels of residential care are to be placed in group homes and institutional resources designated as capable of providing such care. The establishment of the Committee is also intended to identify problems in placing children requiring higher levels of care or gaps in services and resources for such children.

The Committee is authorized to screen and monitor all referrals by child caring agencies to designated group homes (private and agency) and private institutions licensed and funded by the province to provide long-term residential care for children. Referrals to Agassiz Centre for Youth and Doncaster Centre, as well as referrals for placement out of province, continue to be dealt with by the Treatment Panel.

The Committee is composed of representation from the following branches of the residential care system:

- The Child and Family Services Directorate
- Licensing and Standards Branch
- Child Caring Agencies
- Child Caring Institutions
- Private group homes
- Seven Oaks Centre for Youth

- Community Psychiatric Services for children.

Committee members from agencies, institutions and group homes may be asked to serve from time to time by the Child and Family Services Directorate with the intent of allowing rotational representation.

8. COST COMPARISONS

Institutions

Funding of institutions and group homes has been different both in regards to method of payment and in some cases rates established for various budget items. In regards to the latter variation, over the past two years attempts have been made to equate funding rates. Staffing guidelines have been established for the private institutions.

Institutions generally have been categorized as Level IV with the understanding that there are some Level V placements. An exception is that Marymound's group facilities in the community are considered to be Level III enriched, meaning that they fall in between Level III and IV. Staffing is slightly higher than for a Level III private group home.

Over the past few years institutions have been providing some services other than strictly residential services, i.e. school programs, day students, support homes. Thus, central administrative costs may be applied against more services than simply residential programs. Consideration is presently being given to the establishment of a per diem rate for the residential programs separate from other services to reflect actual costs.

The following is a list of per diem rates of the institutions at the 82-83 rates.

NOTE: A. - Rate excludes Central Administration Costs
B. - Rate includes Central Administration Costs

Children's Home (6 children each)

Unit:	Sharpe	Waverley	King's Dr.	Greendell	Cheriton
A.	$119.13	113.64	119.39	116.27	117.58
B.	$142.60	137.11	142.86	139.74	141.05

Marymound, Inc. (3 units of 11 children each, one unit with 6 children, 2 units with 8 children)

Unit:	442 Scotia	St. John's	Machray	Grosvenor	College	The Pas
A.	$76.82	74.83	75.20	43.80	70.64	65.43
B.	$87.66	83.91	84.28	48.64	78.71	72.69

Knowles, Inc. (units of 10 children each)

Unit:	I	II	Duplex
A.	$ 90.36	89.62	82.20
B.	106.05	105.31	96.35

Sir Hugh John MacDonald Memorial Hostel

Unit:	Mutchmor	Toshak	Dawson	Williamson	Wilderness
A.	$81.82	86.44	87.93	85.23	95.60
B.	$92.73	98.44	99.93	96.14	105.69

Average Per Diem

The average per diem cost for the care of children in institutional group homes is:

A. $ 89.05
B. $140.05

Regular Foster Home Rates

The rates paid for foster home care are determined by the age of the child and the location of the foster home. Rates as of April 1, 1982, are as follows:

South of 53 Parallel

Age Range	Monthly Board and Room Rate	Per Diem	Annual Clothing Rate	Per Diem	Total Per Diem
Birth - 4 yrs:	$157	$5.16	$240	$0.66	$5.82
5 - 10 yrs:	175	5.75	280	0.77	6.52
11 - 13 yrs:	211	6.94	342	0.94	7.88
14 - 17 yrs:	285	9.37	420	1.15	10.52

Initial Clothing Allowance: $150 per child per year.

North of 53 Parallel

Age Range	Board and Room Rate	Per Diem	Monthly Clothing Rate	Per Diem	Annual Total Per Diem
Birth - 4 yrs:	$165	$5.42	$252	$0.69	$6.11
5 - 10 yrs:	184	6.05	294	0.80	6.85
11 - 13 yrs:	221	7.27	359	0.98	8.25
14 - 17 yrs:	300	9.86	441	1.21	11.07

Initial Clothing Allowance: $165 per child per year.

Special Foster Home Rates

Special rate foster care refers to a higher rate paid to foster parents based on a detailed assessment of the child's needs. Exceptional rate foster care refers to rates paid to foster parents for children identified as having exceptional needs.

Currently placing agencies have the authority to pay

up to $20.00 a day for exceptional rate. The Child and Family Services Directorate is authorized to approve payment up to $30.00 a day subject to periodic review. Fees over $30.00 a day or contracts involving wages to "professional parents" require approval of the Minister.

Finally, two specialized programs are currently operated by private institutions with rates of $20.00 and $25.00 respectively. Marymound North operates a Family Support program designed to reduce the need for placing children in the south and to facilitate re-integration of children to the north. Children's Home of Winnipeg operates a demonstration project called CHANCE, which has been funded in part by the United Way and the Winnipeg Foundation to demonstrate the viability of diverting children from residential placement.

COMPARATIVE COSTS

	PER DIEM RANGE	
Institutions	$ 74.83	$ 141.05
Group Homes	25.36	90.50
Foster Homes	5.82	11.07

9. STATISTICS

Distribution of Children in Pay Care by Type of Facility as of March 31, 1983.

PLACEMENT	TOTAL CHILDREN		ALL CHILDREN EXCEPT REGISTERED INDIAN		REGISTERED INDIAN CHILDREN	
	#	%	#	%	#	%
Regular Rate Foster Home	1178	52	810	48	368	62
Special Rate Foster Home	276	12	191	11.3	85	14
Private Group Home	235	10	190	11.2	45	7.5
Own Agency Group Facility	238	10	193	11.4	45	7.5
Emergency/Other Facility	190	8.3	154	9	36	6
Private Institutions (Manitoba)	160	7	146	8.6	14	2.3
Private Insitutions (outside Manitoba)	15	.7	9	.5	4	.7
TOTAL	2292	100	1695	100	597	100

It should be noted that these figures do not include children in placement under the Juvenile Delinquents Act or children in institutions under the Mental Health Act. The figures do include children in pay care who are mentally retarded and are under the care and supervision of the Director of Child Welfare through a varying order.

Percentage of Funds Used for Homemakers by Agency.

HOMEMAKER COSTS AS PERCENT OF TOTAL AGENCY EXPENDITURE

Agency or Region	1981/82			1982/83		
	Total Expenditure	Homemaker Cost	%	Total Expenditure	Homemaker Cost	%
C.A.S. of Eastern	818,149.00	92,642.52	11.32	868,532.00	92,234.58	10.62
C.A.S. of Central	631,654.00	27,888.42	4.42	825,370.00	30,819.29	3.73
C.A.S. of Western	1,472,787.00	27,035.91	1.84	1,750,415.00	21,918.45	1.25
C.A.S. of Winnipeg	7,946,983.00	27,379.42	.34	10,508,972.00	39,832.52	.38
J C & F S	456,247.00	12,693.82	2.78	533,073.00	3,283.12	.62
Winnipeg Region	791,918.00	26,135.00	3.30	996,311.00	12,273.00	1.23
Eastman	238,488.00	2,177.00	.91	236,917.00	13,372.00	5.64
Central	4,227.00	0	0	11,373.00	516.00	4.54
Interlake	397,635.00	6,585.00	1.66	392,286.00	6,394.00	1.63
Parklands	856,253.00	1,403.00	.16	928,845.00	4,535.00	.49
West Region C & F S	0	0	0	16,275.00	2,648.00	16.27
Norman R	485,717.00	3,969.00	.82	599,640.00	11,338.00	1.89
Thompson	1,094,496.00	775.00	.07	1,308,972.00	6,621.00	.51
TOTAL	15,194,554.00	228,684.09	1.51	18,976,981.00	245,784.96	1.30

Out-of-Province Placements (Other than adoption placements)

Out-of-province placements (other than adoptions) have occurred in the form of foster home placements and placements in treatment settings. In the case of foster home placements the vast majority involve foster children moving with families on the understanding that ah agency in another province or territory will assume responsibility for care and supervision. Institutional placements of children either under the Child Welfare Act or the Juvenile Delinquents Act have been approved by the Director of Child Welfare on recommendation of the Treatment Panel. This has been done to screen referrals and to secure cost-sharing under the Canada Assistance Plan.

With changes in the Child Welfare Act in June, 1974, Part IV, the Treatment Panel was established to screen and/or review admissions to juvenile correctional facilities in Manitoba. In addition, the Panel was asked to review referrals for out-of-province placement.

Also in 1974 a committee was established to review and report on out-of-province placements in institutions. A visit was made to each institution used. It was noted that such placements were increasing at a rate of 1 in 1967 to 45 to the end of March, 1974. There were 8 children in the United States, 31 at Ranch Ehrlo in Saskatchewan, 3 at William Roper Hull in Calgary, and 3 in Ontario. Of the 45 children placed, 43 were boys and 2 were girls, and most were adolescents.

The committee recommended the following:

(1) A coordinating agency for setting standards, licensing, coordinating and evaluating the services of private institutions.

(2) Private institutions be allowed to operate on a fee-for-service basis.

(3) The Manitoba Home for Boys and Home for Girls be required to meet the same standards as the private institutions.

(4) Coeducational programs be given serious consideration.

(5) Consideration be given to the establishment of child care facilities in rural areas.

(6) Establishment of a children's psychiatric centre for extended care and treatment.

(7) All the institutions in Manitoba examine and clarify areas of responsibility with a view to possible diversification.

(8) Continue to place out-of-province children with such special needs that there is no program in the province to meet the need and that such a program is not practical.

(9) Consultation with Canada and other provinces.

(10) A policy for children reaching the age of majority who are in institutions and who require ongoing treatment.

As a result of the change in legislation and the above recommendations, a system was set in place whereby the Director of Child Welfare controlled placements as noted above. A review was conducted in November, 1982, by Child and Family Services with the purpose of projecting

current numbers and costs. As of October 31, 1982, there were 22 children out-of-province at a projected cost of over $700,000 for the 1983/84 fiscal year.

A detailed case review was initiated in January, 1983, and during that review a decision was made by the Minister to put a freeze on all further placements. Since that time, existing placements have been monitored and reviewed on a regular basis. Agencies have been asked to provide regular progress reports and to justify continued placements in some instances.

As of June, 1983, there are 15 placements authorized by the Director and one known placement by a native organization to D & G Care Home in Ontario which was not processed through Treatment Panel. The number of placements will continue to drop significantly by the end of 1983 due to children reaching the age of majority, or returning to Manitoba as part of the treatment plan. Projected maximum cost is now at $458,000.

The statistics indicate the following out-of-province placements over the past six years:

December 31, 1978 - 16
December 31, 1979 - 12
December 31, 1980 - 13
December 31, 1981 - 20
March 31, 1982 - 18
March 31, 1983 - 15

Children in Group Homes not Within Home Community.

During the period of April 1, 1982 to March 31, 1983, a total of 89 children were placed in group homes located

in areas or regions outside their "home" communities. This figure does not include placements made by Probation Services.

In Winnipeg group homes, there were 50 placements from the following regions or agencies:

Thompson	- 15
Norman	- 3
Interlake	- 6
C.A.S. of Central	- 10
C.A.S. of Western	- 9
C.A.S. of Eastern	- 7

Group homes located in the Parklands region had 8 placements from Winnipeg, 4 from Norman region and 1 from elsewhere.

The group home in the Interlake had 2 placements from Winnipeg, 1 from Thompson region and 2 from Parklands region.

The Westman region located group homes had 2 placements from Winnipeg and 1 from Thompson.

Group home in Eastman had 10 children placed from Winnipeg, 1 from Norman and 1 from Thompson.

The group homes in Central region had 5 children from Winnipeg and 1 from Westman.

Other

Additional information requested from the Child and Family Services Directorate could not be made available as

it could not be drawn from the data system.

Requested was information on:

- Metis and non-Treaty Indian children in group homes
- source of referral of children in group homes
- length of stay of children in group homes
- destination on discharge from group homes

10. CULTURAL SENSITIVITY

Review of literature

Resource literature available at the Office of Residential Care was examined as was material identified by the Department of Health Library for comment on cultural/ ethnic factors in the care of children, particularly in residential settings.

While no claim is made that a complete or exhaustive literature search was conducted, the reviewer was struck by the fact that so many writers discuss child care as if ethnicity or cultural background had no relevancy to treatment and as if behaviour patterns were determined solely by psychological and experiential factors.

A reportedly highly respected publication in the child care field entitled "The Other 23 Hours - Child Care Work in a Therapeutic Milieu" by Albert E. Trieshman, James

K. Whittaker and Larry K. Brendtro contains not one single reference to ethnicity or culture.

The Standards for Children's Residential Care Facilities of the Ministry of Community Services of Ontario (1980) contains only one reference to ethnicity:

BCP-01	*General Admission Policies*
BCPS-01.1	*No child shall be refused admission to the program solely on the grounds of race, religion or ethnic origin where, on the basis of objective evidence made available to the operator, such refusal would result in deprivation of service.*

A publication of the Child Welfare League of America entitled "A Guide for Child Care Workers" by Morris Fritz Mayer (1978) discusses the need for a child's religious identity to be accepted and given freedom of expression but is silent on ethnicity and cultural background.

The same author with Leon H. Richman and Edwin A. Balcerzak in "Group Care of Children: Crossroads and Transitions", another publication of the Child Welfare League of America, (1977), does comment as follows:

> *Another issue that is much debated at present is the influence of the ethnic culture on the child while in group care. The importance of this culture is stressed by many writers. The need for cultural identification affects staffing as well as programming. Although the black child represents the majority in some institutions, in most group care settings he is in the minority. The awareness of the need for opportunities to identify with people of the same ethnic group determines the intake and staffing policy of some places.*

Of similar importance is inclusion of culturally meaningful activities (foods, events, games, the appearance of prominent personalities) in the program of any group care facilities that serve ethnically and culturally diverse groups of children. Most group care facilities, while aware of this need, have not found - as society itself has not - a smooth and nonartificial way of handling this issue programmatically. In a society in which a larger and larger chasm develops between cultures and in which there is almost no opportunity left for children of different cultures to know each other, this task is a particularly difficult one. (page 42)

A publication of the Interstate Consortium on Residential Child Care entitled "Residential Child Care Guidebook" (1980) contains the following as a basic principle:

1. *Respect: Involved agencies should respect the cultural, ethnic and religious backgrounds of the children and families they serve. Involved agencies should embody the concern for human rights that is the essence of American law and tradition.*

As a program requirement the following is included:

R4.20 A residential facility's program shall reflect consideration for and sensitivity to the racial, cultural, ethnic and/or religious backgrounds of children in care.

R4.20.1 The facility shall involve a child in cultural and/or ethnic activities, appropriate to his/her cultural and/or ethnic background.

The reviewer's impression that the writers in the field of child welfare have given little professional attention to cultural factors was confirmed after examination of a bibliography published by the Child

Welfare League of America in "Child Welfare", May, 1981. The bibliography lists 392 references related to children in foster care covering such areas as causation, placement and direct practise. Six references relate to cross cultural factors and 11 discuss minority groups. Despite the fact that during the 70's, the Indian Child Welfare Act was passed and, despite the fact that in 1969, a study estimated that 25 to 35% of all Indian children in the U.S.A. were separated from their family and placed in foster homes, adoption homes or institutions, only 4 of the 392 references given in the bibliography discuss Indians or Indian culture.

Manual of the Residential Standards and Licensing Branch

The manual of the Residential Standards and Licensing Branch contains three references to ethnic/cultural factors which are recommended for inclusion in group home policy.

3.3 Planning for Meals

(2) Recognize, to a reasonable degree, the resident's personal food preferences, religious beliefs, cultural food habits, and medical conditions.

4.6 Religious Observance

A facility should ensure that children are given the opportunity for religious experiences and affiliation in accordance with their personal preferences or where appropriate with those of the legal guardian and in any event children should be taught to respect the rights of others to their own form of worship.

4.12 Observance of Special Events

A facility should encourage celebration of special occasions such as birthdays and traditional festive holidays and give recognition to the ethnic, cultural and religious customs of the children in care.

Review of Group Home Manuals.

The Office of Residential Care was asked to provide copies of manuals of all group homes operating in the province of Manitoba. These were reviewed for cultural/ ethnic references. To ensure as fair a review as possible, references to religion were also identified as were key words such as "spiritually", "beliefs", "Christmas", "bible", "Kosher", etc.

In view of the fact that some of these manuals may have been recently revised, rewritten or modified, no assurance can be given that the following information is current.

B & L Homes for Children

The following are excerpts from a paper entitled "Policies, Standards and Procedures":

7 g) Grace is to be said by the residents before all meals.

A school staff evaluation form contains the following:

8. Clarifying values, attitudes, and beliefs

Provides opportunities for students to discuss ideas which have relevance to their lives

Accepts the expressed attitudes, beliefs, and values of students

Helps students to clarify their own values in a reflective, non-judgmental manner.

Cathedral Valley Group Homes

The following excerpts are noted in a paper entitled "Progress Report":

Holidays and birthdays are played down a certain degree because high expectations can result in depression when the thing hoped for is not forthcoming. Greed can be another aspect of birthdays not to mention jealousy. We hope to impress on them that every day is an important event and another day of life to be thankful for.

A Bible study is a weekly routine where basic truths are discussed. None of the boys have requested attending a church and we have taken none to church. We would just love to find and encourage special talent. (So far it hasn't ranged beyond listening to loud music.) A recent poll indicates the boys think the bible study and saying grace are beneficial.

Children's Aid Society of Western Manitoba

The section related to "Birthdays and Christmas" in the procedures manual reads:

B. (i) The Children's Aid Society will provide at Christmas a specified amount of money to be spent on the behalf of each resident. Money for presents will not be provided for residents within Phase B of the program.

(ii) Christmas Leaves: House residents spending Christmas away from the house will provide the following information prior to leaving:

- *name, address and telephone number of the place at which they will be staying,*
- *date and time of leaving,*
- *means of transportation,*
- *expected length of stay,*
- *date and time of return.*

Children's Aid Society of Winnipeg

The following documents were reviewed:

- Group Resources Manual (June 24, 1983)
- Informational packages for Rosedale, McMillan, Lipton and McDermot homes.

References were identified as follows:

In the job description of Child Care Worker:

> General - *A child care worker is responsible for the daily care of children within an agency operated group/receiving home. All of the tasks are geared toward the healthy growth and development of children in their physical, emotional, social, educational, and spiritual development.*
>
> *Respects the basic religious beliefs of any child and encourages and supports their attendance/participation in Sunday School or church activities.*

The section on "Role of the Child Care Worker" contains:

> - *respect the basic religious beliefs of any child and encourage and support their attendance/participation in Sunday School or church activities.*

The manual contains a statement of "Ethical Standards of Child Care Workers", Association of Child Care Workers, Inc. which includes:

> *As a professional child care worker, he is aware of and facilitates the delivery of services geared to each child's physical, medical, emotional, social, spiritual, recreational, educational, and vocational needs.*

The McMillan Receiving Home and the Rosedale Group Home information sheets contain the following statement:

> *Everything we do should be geared towards the healthy growth of these children in their physical, emotional, spiritual, social and educational development.*

Churchill Health Centre

The Program Statement contains the following:

Staff in the home are carefully chosen and trained so that they have an awareness of the special needs of the children placed in the home and so that they provide nurturing of the total child, physically, emotionally, socially, spiritually and intellectually.

The House Rules and Policies contain these statements:

Observance of special events are followed: such as birthdays, Christmas, etc.

Religious Observance - children are encouraged to attend Sunday school of their own religion.

Corrie Group Home

The manual contained the following:

Church - *Residents and child care worker are encouraged to attend Church on Sunday morning.*

Christmas, birthdays and special holidays are seen as a special event and food is prepared depending upon the occasion. Christmas is usually celebrated early because of the children spending Christmas Day with their families. Birthdays are celebrated in a family like atmosphere with the choice of a favorite meal, birthday cake and gift.

Dakota Ojibway Tribal Home

The following excerpts are noted in the program outline:

Church - *Residents and child care workers are required to attend church or Sunday school on Sunday mornings.*

Meals - *Christmas and special holidays are seen as a special event and food is prepared depending upon the occasion.*

Christmas - *Many children in care wish to go home for Christmas. In most cases this is a happy time and family unity is greater because of the festive season. Therefore, Christmas dinner is prepared with personal gifts to each other, a gift in the amount of $25.00 authorized by the worker and Office of Residential Care, and gifts from other friends.*

Usually Christmas at Dakota Ojibway Tribal Home is celebrated two or three days earlier, enabling those that have families to spend Christmas Eve and Christmas Day at home. Some guests are also invited which could include board members, workers, and teachers to take part in the festive event.

Christmas is special to the children at the home. This time of year and this day in particular, when the staff cater to the residents and serve the food, wash the dishes, and take part in the dinner with them. The children get a kick of this day of the year where staff do their chores and cater to them.

Once the dinner is over the children are eager to get away on home visits and to spend a few days with their families, leaving with a happy attitude, gifts under their arms for their families and generally well prepared for their second Christmas. Regardless of the final outcome, they have had one good Christmas.

Church and Sunday School

- *Children are encouraged to attend Sunday School, first as a group then on their own.*

In many cases children have little or no idea of either the purpose of, or their own spiritual needs. Once they have attended and understand or gain an understanding of the purpose of the church, it then becomes a choice of their own if they wish to become more involved or do not wish to take part in religious ceremonies.

In most cases it is a healthy atmosphere, the children meet new friends and begin to interact with the children within the community through different activities within the Sunday school or church.

Green Pastures Retreat, Inc.

A section of the manual entitled "Client's Bill of Rights" reads, in part:

A) Believing that each human being has an intrinsic value equal to that of every other human being, irrespective of age, intellectual or emotional handicaps, or of social, ethnic, or economic background, we the staff of Green Pastures do affirm the following basic rights for all youngsters entrusted to our care:

15) The RIGHTS to express freely their political, social and religious convictions.

The section entitled "Church Conduct Rules" reads:

Sunday School or Church attendance is available for all residents of Green Pastures. The following rules are for all residents to comply with:

(1) Residents shall sit with staff.

(2) Dress clothes will be appropriate. Inappropriate clothing would include old blue jeans and work boots.

(3) Residents must conduct themselves in a reverent manner (e.g., being quiet as to be respectful to others in the service.)

(4) Residents will enter the Church together with staff.

(5) Permission by the staff in charge must be obtained by a resident to leave the Church service for any reason (e.g., use of restroom).

(6) Residents should be respectful of all property within the Church area (e.g., do not play the piano). Damage to or in the Church will be handled in the same fashion as in any building on-campus will be handled. (e.g., restitution may be assessed).

(7) Residents are not allowed to bring items into the Church service area that could disrupt the service (e.g., toys, trinkets, food, etc.).

The section entitled "Religious Education" reads:

(1) The Department of Social Services states in rule 4.6: A facility should ensure that children are given the opportunity for religious experiences and affiliation in accordance with their personal preferences or where appropriate with those of the legal guardian and in any event children should be taught to respect the rights of others to their own form of worship.

(2) Green Pastures, in its general statement of purpose, indicates the following: Green Pastures is a Christian organization. It is from our basic Christian beliefs that our interest in enriching the lives of others is derived. Green Pastures programs are designed to be applications of our Christian faith in a practical, positive and acceptable manner. Whereas we accept persons from all faiths, it is our hope that our Christianity influences others by the example of our lives and not through evangelistic persuasion.

(3) In the residential program, religious training is provided in several ways:

(1) a non-denominational service is held on Sunday morning. Residents and on-duty staffs' attendance is expected, however, participation in the actual program is voluntary.

(2) Before each meal a prayer is given.

(3) Individualized counseling and devotions are based on residents' request.

(4) A "proverb" from the scriptures is read each morning at the breakfast table. Alternate arrangements are available for those not wanting to participate, to eat in their own rooms, should this be the case.

A section entitled "Observance of Special Events" reads:

Birthdays, holidays (festive) and any cultural, ethnic and religious customs of the child in care shall be encouraged.

Halldorsson Group Homes

The manual under "Duties for all Staff" reads:

1. Care of children -- total well being, mental, physical and spiritual.

Jewish Child and Family Services

The manual contained the following:

Some consideration should be given to personal food preferences (within reason).

NOTE: Meat is purchased separately by staff from a Kosher butcher.

In the job description of "Head, Child Care Staff":

Specific Duties

(1) Plans recreational, social and religious activities for group(s) of residents.

Performance Standards

(1) In consultation with Supervisor of Children's Services and Board Religious committee, where appropriate.

In job description "Child Care Worker":

Participates in cultural activities related to child's background and agency policy.

As indicated related to various religious holidays and day to day living and request outside help when unable to provide adequately.

Marymound

Papers outlining operational procedures of the group homes contained the following:

Under the general description of the total agency program:

9. Chaplaincy services and religious activities are among the experiences offered. There is an ongoing attempt to meet the spiritual needs of the girls and boys through the various aspects of the program.

In a section entitled "Part B. to the 1977-78 estimates planning program detail":

> *n. Spiritual Services*
>
> *Opportunities for spiritual development are provided through the religious education program co-ordinated by one of the sisters, as well as weekly services conducted by the Chaplain. Volunteers from several religious denominations contribute significantly to the program.*

A paper outlining The Pas Group Home Program contains the following reference under discussion of establishing a meaningful relationship:

> 2. *Acceptance: Implies the staff recognizing that as an individual, the child has within the potential for health both emotional and spiritual, regardless of his state. In other words, he is not a "bad child" even though his behaviour may be "bad", nor is he a "good child" even though his behaviour may be good.*

The following comments are contained in the Summary:

The boys are expected to attend public school (or have a job) and do well in the community. They are to participate in household chores which enables them to learn something about life skills: how to care for themselves, responsibility for their environment, responsibility for property and others. They are also expected to attend a formal worship service on Sunday.

The program includes four child care counsellors, a supervisor, a social worker and night attendance working within the context of values characteristic of programmes provided by the Sisters of the Good Shepherd.

The "Statement of Good Shepherd Values" reads, in part:

> 1. *We value the beauty of God's image in every person.*
>
> 2. *We aim toward providing a totally Christian milieu where staff and children are given an opportunity to grow in relationship with Christ.*
>
> 4. *We respect the dignity of each person with the unique culture, racial background, national or religious heritage he brings.*

5. *We value the worth and uniqueness of each person; and seek to provide opportunities for our boys to reach their full potential in the areas of social, emotional, intellectual, physical and spiritual growth.*

6. *We believe in the importance of worship in the lives of the boys. We support the practice of making available opportunities for worship and of encouraging the boys to participate.*

13. *We view as a necessity, the adherence of each staff member to the Good Shepherd philosophy, values and policies.*

Maxwell Group Home

The following are excerpts from the manual:

g. *Special Events*

The Home will recognize and celebrate all special occasions such as birthdays, traditional holidays or other customs children in care may have.

h. *Religious Observance*

The home seeks to provide the children opportunity to engage in religious experience in accordance with their personal preferences. In addition, all Residents will be taught and expected to respect the rights of others and their form of worship.

Naturas, Inc.

In the opening statement of the operating manual, the following is contained:

Although the program has not been designed for particular ethnic backgrounds, we are prepared to accept Native referrals and to provide programming which emphasizes Native awareness and the strengths inherent in the Native culture.

Functions of the Program and Treatment Supervisor contains the following:

Planning for special occasions such as Christmas and birthdays.

Project Neecheewam

The staff manual (March 31, 1981) contained the following references:

Overview

The Neecheewam program was formed in 1975 in response to a need that was then as great as it remains today. That is, the overwhelming need exists for the development of resources that would prove more successful than those traditional in addressing the problems facing many Native Youth of the day. Those involved in the initial stages of development of Neecheewam felt that the promotion of the active involvement of the Native community through social, cultural, and employment avenues was crucial to this end. As such, Neecheewam was developed with the primary goal of establishing a residential child care program for Native people, of the Native people, and one that would recognize and actively promote the positive identity of the Native people.

Present Structure

The affairs of Neecheewam are governed by a Board of Directors comprised of volunteer individuals from varying fields of endeavour, and representing both Native and non-Native communities and interests.

Social Learning Analysis

It is often contended that the anti-social and delinquent behaviour of the Native juvenile is symptomatic or a manifestation of his frustrations in dealing with an alien and hostile, urban environment. Although this, unfortunately is often the case, such a "blaming" stand offers little in terms of viable treatment alternatives.

From a functional perspective, the Native juvenile's frustrations lies in his lack of social skills and abilities essential to successful functioning within a society at large which results in his repeated failures to adequately cope. Seen in this light, the Native juvenile's difficulties stems largely from social learning deficiencies.

Ideally, within most societies, essential social learning experiences are provided primarily by the family unit and secondarily by appropriate, educational facilities. In the case of the Native child whose family has migrated from Native communities to the city, he has been largely deprived on both socializing agents. Typically, the disintegration of the basic family unit results from the inability of the parents to cope with the transition from the security offered by life in rural communities to a competitive, demanding, urban society. Because of these external pressures, their ability to fulfill their traditional, family roles in terms of physical and emotional support and direction of their children is severely underminded. Not only does such family disintegration result in lack of economic support for their children, it also deprives them of the opportunity for developing prerequisite social skills and abilities, essential to functioning within society at large.

Therefore, the anti-social and delinquent behaviour of the Native juvenile can be viewed as the product of frustration from his inability to successfully cope with the urban environment which in turn results from a lack of opportunity to acquire essential social skills and abilities normally afforded by a stable, family unit.

Treatment Philosophy

The foregoing analysis has suggested that the source of Native juvenile delinquency ultimately stems from the disintegration of the Native family unit, which in a large part is often due to failure to successfully deal with social pressures and expectations. A viable treatment approach must intervene at earlier stages of social development in order to prevent the occurrence of debilitating, social failures which normally result in the nurturing of chronic, social deviancy.

Ideally, family treatment, intervening prior to disintegration would be the most effective. However, due to the fact that Native family difficulties are identified only by contact with social agencies usually following physical break-up, and that most of these problems include other external and economic crises which often defy successful resolution, such an approach is, in most cases, impossible.

It is our contention that the most viable treatment alternative lies in providing a "substitute family" which is designed to provide enhanced social learning opportunities within a family/community context. Such a therapeutic family setting for young Native juveniles would facilitate positive adjustment and growth and could prevent further deviant development. In practice, such an approach demands:

1. A family-orientated setting within the community.

2. Professional supervision and treatment programming.

3. A treatment orientation with a predominantly native focus to foster the cultural growth of the young Native child.

Treatment Objectives

4. Native Awareness Program

To actively recognize and promote each child's sense of their Native identity, and to develop this as much in the present as in their heritage.

Educational Treatment Program

The ineffectiveness of traditional, urban, educational facilities with Native juveniles needs no documentation. It is more than adequately demonstrated by the increasing trend of sporadic attendance, inadequate academic performance, delinquent behaviour within the classroom and high drop-out rate among Native children.

Such a pattern of repeated, academic failure not only leads to feelings of frustration and inadequacy, but also the Native child's perception of school and the society which it represents as both alien and hostile. Unfortunately, the prevailing approach of educators has, until quite recently, been to fit the Native child into existing, academic programs, rather than developing innovative programs focused upon meeting the specific needs of these children. Although a small number of specialized programs focusing upon the Native juvenile have recently been developed in Winnipeg, they are far from solving this major problem. It is our belief that the source of the Native child's academic difficulties lies in his lack of opportunity for developing prerequisite, social and intellectual skills during his pre-school years, and, more importantly, little or no motivational support from his family and/or social environment.

Recreational Treatment Program

A vital component of the Neecheewam treatment program falls under the rubric of recreational programming. These activities provide us with an indispensable vehicle for achieving two major treatment objectives; the first being educational and the second being therapeutic. More specifically, the recreational program allows for:

1. *The exposure of the children to a wide variety of Native activities and facilities in order to facilitate cultural growth and Native identity.*

2. *The provision of a natural, therapeutic milieu for constructive, social learning experiences.*

The critical importance and means of achieving the first objective, as detailed below, is self-evident. However, the relevance of recreational activities to therapy requires further elaboration.

Native Awareness Program

Central to Neecheewam's treatment approach is the belief that the ultimate success that any therapeutic relationship may have is enhanced immeasurably when the self-image of the client is increased.

It has been our experience that almost all of the Native children that we come into contact with suffer from an extremely low, and alarmingly debilitating, image of themselves. One can surmise that this is largely due to the fact that these particular children have already experienced several years of chronic social problems, impoverished living conditions, rampant unemployment, alcoholism, and failures at school to name but a few. What is doubly unfortunate is that most of these children have come to believe that such is their lot because they are NATIVE.

A child with such negative feelings of self-worth is less likely to have any faith in "a better tomorrow", or confidence in his own ability to achieve, and subsequently this child will characteristically strongly resist any attempts at improving the situation. Failure is all too common an experience in his life for this child to invite another. To properly motivate this child towards the value of goal attainment is virtually impossible until you can help the child convince himself that he is a worthy individual, with his own special strengths, and an inate ability to achieve and develop as an individual.

It is for these primary reasons that Neecheewan has identified the active recognition and promotion of the Native child's positive sense of identity as a major philosophical and therapeutic goal of our program. Some of the avenues through which we hope to accomplish this are illustrated in general below.

A. The Family Environment

Our program deals solely with Indian or Metis children. Firstly, we believe that it is traumatic enough for a child to be removed from his family, without also necessitating that he be also removed from his culture. In coming to the Neecheewan program, the Native child finds a peer group that he is familiar with in a cultural and social sense - a group of individuals who oftentimes share the same background and interests. The importance of this factor, especially in the early stages of placement, can not be overestimated.

The physical environment of the home is also intended to reflect aspects of the Native culture, without at the same time becoming ornate or overelaborate in its effect. Pictures, posters, native artifacts and literature can be found in a moderate degree throughout the home. All of these are intended to reflect a positive statement on the Native culture and encourage the children to take pride in this, as well as thirst for more knowledge on this area.

B. Native Staff

As much in a program, rather than employment, sense, Neecheewan has consistently endeavored to employ qualified Native staff members in our homes. The rationale, we believe, is without need of substantial extrapolation. Not only does the Native staff member bring to our program a concerned and skilled individual with an increased awareness of and affiliation with the problems that we are attempting to address, but also our residents are exposed daily to a positive and stable Native adult model who is at harmony with society and his culture. The value of Native staff members to our program throughout our development could never be fully appreciated.

C. Cultural and Recreational Programs

Many of the programmed activities undertaken by Neecheewan staff are culturally stimulating to our residents. As an organization, we maintain close affiliations with other Native agencies, such as the Indian and Metis Friendship Centre. There are many programs offered through this organization that our residents can participate in for the sake of the activity itself. At the same time, however, our children are once again exposed to Native role models involved in constructive and developmentive activities that our children can take pride in. Other such agencies that we have maintained affiliations with are Native Artsand Crafts, the Native Club and Naskunas.

In addition to these activities we encourage our children to become involved in ritual cultural activities such as Pow-Wow Dancing and Chanting. This activity lends itself extremely well to the identified goals of our program. Primarily, this activity is a recreational one without an important cultural side effect. Due to the fact that Pow-Wows are held in all parts of the country, we often find that these events can be incorporated into our overall programming, becoming interesting and exciting weekend outings. Finally, those children who have become more fully involved in this activity have shown interests in fashioning their own outfits for these occasions. This then becomes a constructive and educational leisure time activity within the home during unstructured hours.

Pathway Group Home

The manual contains a copy of "Ethical Standards of Child Care Workers" of the Association of Child Care Workers which contains the following statement:

As a professional child care worker, he is aware of and facilitates the delivery of services geared to each child's physical, medical, emotional, social, spiritual, recreational, educational, and vocational needs.

The section on "Religion" reads as follows:

Religion

Policy: *Religious practices are a matter of individual choice. Residents are not discouraged from participating in church or other religious activities. The decision to participate belongs to the resident and the legal guardian.*

Procedure: *Staff are allowed to share their own knowledge with residents, as long as this is done in a way which does not impose feelings of guilt or other negative emotions in the resident. All discussions of religion are to emphasize the individuals freedom to choose beliefs and practices.*

The practice of saying grace at meal times is permitted, although not required.

Information should be included in the Placement Summary if religion experiences and affiliation is expected. No child is forced to participate; approval is obtained from the legal guardian if a child wishes to participate on a regular basis.

Van Tassel Homes for Boys

The following are excerpts from the standards manual:

Religious Participation

Traditional holidays are observed, both those of Christian origin or other faiths of individual children. Such participation must be consistent with the ability to use and appreciate such experiences.

Participation in community church activities is determined by treatment planning on an individual basis. A limited staff to supervise makes it mandatory that a child be in sufficient control to handle off grounds privileges. This pertains mainly to Cottage "A"; "B" and "C" have the choice to attend church or stay home. Religious participation is and will not be forced upon a child once he has made the decision that he does not want to attend. The choice of church if he wishes to attend is his:

Church - Residents and child care workers may attend church or Sunday school on Sunday mornings.

Christmas - Many children in care wish to go home for Christmas. In most cases this is a happy time and family unity is stressed during the festive season. Therefore, Christmas dinner is prepared, a tree is provided with personal gifts to each other, a gift in the specified amount is authorized by the worker and Office of Residential Care.

It has been the practice for a staff member to dress as Santa and present the gifts to the children in care.

Usually Christmas at the homes is celebrated two or three days earlier, enabling those that have families to spend Christmas Eve and Christmas Day at home. Some guests are also invited which might include board members, workers and teachers.

Christmas is special to the children at Van Tassel Homes. This time of year and this day in particular, the staff cater to the residents and serve the food, wash the dishes, and take part in the dinner with them. The children enjoy this day, when the staff do their chores, cater to and clean up after them.

Once the dinner is over the children are eager to get away on home visits and to spend a few days with their families, leaving with a happy attitude, gifts under their arms for their families and generally well prepared for their second Christmas. Regardless of the final outcome, they had had one good Christmas.

Church and Sunday School

Children are encouraged to attend Sunday School first as a group and then on their own.

In many cases children have little or no idea of either the purpose of, or their own spiritual needs. Once they have attended and understand or gain an understanding of the purpose of church, it becomes their own choice if they wish to become more involved in religious education and experience.

Churches attempt to provide a healthy, constructive atmosphere. The children have the opportunity to meet new friends and begin to interact with children from the community within this context. Often, a wide range of new experiences are possible.

The same can be said of boy scouts, cadets or the Y.M.C.A. The children at first hesitate but once involved find it rewarding and fulfilling.

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Christmas and special holidays are special events and special food arrangements are made on these occasions.

Christmas is usually celebrated early since many children spend Christmas Day with their families. At this time guests are invited to have Christmas dinner with the children and a Santa is provided to hand out gifts. This gives the child a good feeling and sends him home in high spirits.

Community Involvement

All staff should endeavour to work with neighbours, community resources such as scouts, Sunday school, community clubs, etc.

Voluntary Services

A pamphlet entitled "Workers Policy" reads, in part, as follows:

> *In order to make your stay at the homes rewarding and useful we have put together some guidelines for your consideration. Your first obligation is to be a conscientious, faithful sister in your home congregation. You must have the approval of the home ministerial staff.*
>
> *Your responsibility then would be your faithfulness to God. By this you are a true witness in your conduct and dress and co-operation with the other members of the staff, the Children's Aid Society and the Home Committee.*
>
> *Since your homes exist for the welfare of disabled children, you have the opportunity of being substitute parents. You need a real conviction of feeling the need to give tender loving care which seems to be the key to their responding. God has promised He will never leave us nor forsake us, so if this conviction comes from God, He will lead us through. "Whosoever shall receive one such little child in my name receiveth me" Matthew 18:5.*
>
> *A child may accept one staff member and take to her more readily than another, but this is no strange thing; the worker should be mature enough to accept this, and rejoice with the child's affection. Don't feel rejected, rather work in co-operation so the child can receive its needs. An emotionally disturbed child is to be taken care of as a fragile gift from God. "Let's remember the child is not responsible for being brought into this world." This child needs someone who gives herself completely into God's hands so she can understand the needs of the child by observing, being most patient with motherly love, and yet being so firm that the child understands that yes means yes, and no means no.*
>
> *Nobody can be perfect, but we are asked to strive towards perfection. "Ask and it shall be given."*
>
> *We invite the workers to an open-hearted discussion if any problems or improvements may need attention. We hope to work in harmony with you so this can be an enjoyable voluntary service to the honour and glory of God.*

Other references include:

7. *Take time for devotions, morning or evening, whichever is most convenient. Have a period of reading stories, singing, memorizing Bible verses, or whatever seems to be most effective for the children. Plant a little seed in the hearts of these innocent children so it has a chance to grow and they will never forget. Also take time for your own private devotions.*

15. *We encourage you to visit different congregations and get acquainted with the people there.*

Yale House

The "Statement of Policies" contained the following:

> *When the residents are outside the facility they will be supervised by a staff person, except in specific cases when a child is given permission to go to the store, to Sunday School, for a walk, to the mail box, etc.*

No References Contained

The manuals of the following homes were reviewed and no cultural/ethnic/religious references were identified:

Adams Group Home
Hydra House
Knowles Centre, Inc.
Nawransky Group Home
Norwood School Division
Poplar Bay
St. Amant Community Residence
Sir Hugh John Macdonald Memorial Hostel
Starhawk
Thompson Group Homes

Manuals Not Available

At the time this section was completed, the following manuals had not been made available to the Office of Residential Care and hence not available for examination by the Review Committee:

Quest Children's Home Inc.
C.A.S. of Eastern
Children's Home
Ross Group Home

SUMMARY OF MANUALS OF GROUP HOMES

	PLANNING FOR MEALS	RELIGIOUS OBSERVANCE	OBSERVANCE OF SPECIAL EVENTS
Residential Standards and Licensing Branch	Recognize food preferences, religious beliefs, cultural food habits	....ensure that children are given opportunity for religious experiences...	....encourage celebration of special occasions...birthdays and traditional festive holidays.....
B & L Homes for Children		Grace is to be said before all meals.	
Cathedral Valley Group Home		Bible study is weekly routine.	Holidays and birthdays are played down...
Children's Aid Society of Western Manitoba			Money is provided at Christmas to be spent on behalf of residents.
Children's Aid Society of Winnipeg		Attendance at church or Sunday School encouraged.	
Churchill Health Centre		Children are encouraged to attend Sunday School.	Special events are observed.
Corrie Group Home	Appropriate food for special holidays and birthdays.	Residents are encouraged to attend church.	Christmas, birthdays and special holidays are celebrated.
Dakota Objibway Tribal Home	Appropriate food for holidays and special events.	Attendance at church or Sunday School is required.	Christmas, birthdays and special holidays are celebrated.

	PLANNING FOR MEALS	RELIGIOUS OBSERVANCE	OBSERVANCE OF SPECIAL EVENTS
Green Pastures Retreat		Sunday School or church attendance required. Grace said before each meal. Scriptures read each morning.	Birthday and special holiday celebration is encouraged.
Jewish Child and Family Services	Kosher food is provided.	Religious activities are planned.	Religious holidays are celebrated.
Marymound		Church attendance expected.	
Maxwell Group Home		Opportunity for religious experience is provided.	Birthdays and holidays are celebrated.
Natures			Native awareness programs provided as needed. Christmas, birthdays and special occasions are celebrated.
Project Neecheewam			Native awareness underlies total program.
Pathway		Religious practices a matter of choice of resident and guardian. Grace permitted but not required.	
Van Tassel Homes for Boys	Appropriate food for special holidays.	Attendance at Sunday School is encouraged but not required.	Traditional holidays are observed.
Voluntary Services		Devotions, bible reading part of daily routine.	
Yale House		Attendance at Sunday School permitted.	

11. OBSERVATIONS

This section of the report is based upon personal observation by the Chairman of approximately twenty-five group homes. It was not possible, nor was it deemed necessary, to visit all group homes in the province. While randomly selected, steps were taken to ensure that visits were made to all designated levels of homes in both urban and rural areas. Group homes were also visited in urban areas other than Winnipeg.

Prior to initiating these visits, interviews were held with over thirty persons connected with or apparently knowledgeable about group homes. The intent of these interviews was to identify the specific issues which should be addressed within the parameters of the Minister's request for the review.

Consistent with review techniques, only statements made by two or more persons are mentioned unless otherwise noted. Statements made to the Chairman have not been checked as to veracity or authenticity. All individuals interviewed were assured of anonymity and for this reason the homes visited and those interviewed are not identified.

This report should be viewed as a picture of what now exists as perceived by the Chairman. It is hoped that the information contained herein will be used to focus attention on what needs to be done to improve the group home system.

It is important to know what this report is not. It is not an indepth analysis of the programs offered by specific group homes. This report does not attempt to lay

out a plan for administrative action. If this report only identifies for the actors in the system the areas which need to be addressed, the process will have been worthwhile. It must be borne in mind that only twenty-five of the group homes in Manitoba were visited. It would be totally inappropriate to make a comprehensive analysis and, thus, observations are of a generalized nature. No opinion is offered as to whether the homes visited do or do not reflect the whole. Favourable comments and adverse comments cannot, therefore, be attributed to specific homes and it is unfortunate that in a report of this nature those homes that are progressive, satisfactory, accountable and worthy of praise may well be affected by a condemnation of others in the system.

Every effort has been made to be objective and fair and to base observations solely on the information made available and information gained in the course of visits to the group homes. The Chairman, however, is not able to ignore knowledge of the group home system acquired in community work and in the courts prior to and during this review.

As stated, comments may be made in this report which may be critical or complementary to group home operators or to agencies which refer children to group homes. The system, of course, has its strengths and its weaknesses. The strengths must be maximized, the weaknesses eliminated.

General

In the Interim Report of the Review Committee on Indian and Metis Adoptions and Placements, it was pointed out that the final report would contain a recommendation

for the incorporation of the principle of accountability within the child welfare system. This theme will be repeated throughout this report.

Basic to any system seeking to be accountable is access to basic information, control systems, monitoring mechanisms and evaluative techniques. In a time when computer technology has reached a level of sophistication undreamed of just a few years ago, it is shocking to find that grocery stores have greater control over their stock than the Director of Child Welfare has over the children of this province.

A meeting with a head supervisor of agency group homes failed to disclose the exact number of children in care at group homes. As this report is being written, workers appear in court without knowledge of available beds in their own group home community. Supervisors who have only four or five group homes under their supervision choose to visit each home only weekly or every two weeks. Why not a daily or bi-weekly visit to monitor? Children cannot be supervised from behind a desk in some distant location. One can only query as to the reason behind senior administrative staff not visiting their group homes on some regular basis.

The protection of children should be the prime function of any information system. Throughout this study there has been a haunting, and often reinforced, suspicion that the children now being served by the group homes are products of the child welfare system itself. Repeatedly stories were told of children who had been taken into custody as infants, moved from foster home to foster home, subjected to one or more adoption breakdowns until as

pre-adults they are acting out, hostile, suspicious delinquents and well on their way to becoming permanent residents of the province's correctional institutions.

The effect on the child is tragic. Even more tragic is the fact that the system cannot prove or disprove this suspicion. The system cannot, therefore, take steps to prevent such destruction from taking place in the future.

> *A story came to light of an agency child sent from a rural group home to visit his mother in Winnipeg without the child's worker contacting the mother to see if she was available for the visit. The worker said there was no phone at the mother's residence and assumed she would be available to visit with the child. The mother was not available, had no notice and the child accordingly ran. This tragic incident could have been avoided with some degree of care on the part of the child's worker.*

In the preceding sections of this report, it will be noted that the number of group homes in this province proliferated with no planning or assessment as to what was needed or where. The distinction of levels of care was developed after the fact. The development of standards was after the fact. The children of Manitoba deserve better than that.

Only with a comprehensive information system in place can we ensure that we have the resources we need, where we need them and that those resources will be effectively used. Only with a comprehensive information system can we begin to identify causative factors and trends so that we can be prepared to meet the needs of children in the future.

Over the years there has been a significant change in how society cares for the children that cannot be cared for in their own homes. The orphanages of the past, from

today's perspective, seem to be impersonal, cold and callous warehouses for children. With foster homes and community based group homes as the primary method of caring for children today, the system is perceived as being more sensitive, human and compassionate. Yet there is no concrete proof that the current care patterns are providing children with anything new, different or more effective to produce healthy, happy, functioning adults. Again, the system has no mechanism for measuring its success or failure rate.

It is suspected that providing care in smaller, more homelike settings is more comfortable for the community's self-image rather than any conscious, planned or testable improvement in caring for children. But that is the pattern we have today and all efforts must be directed towards making it work for children.

The child welfare business is big business. Millions of dollars are spent and thousands of people earn their livelihood caring for children. Yet, while we know where every penny is going, we don't know what impact we are having on the lives of children. No studies are being undertaken, to the Chairman's knowledge, of the graduates of the group home system to see how changes could be made.

The Chairman was impressed in meeting two staff members in group homes who were themselves graduates of the child care system. While having little positive to say about their experiences, these individuals had, nonetheless, chosen to work in the child care field to do what they can from within to improve the system. This is commendable. More than that, these staff members and others like them must be valued for the special expertise

they bring to their work and encouraged to share their knowledge with other staff and senior administrators to bring about positive changes.

We do know that the children of the poor and of natives are highly overrepresented in the child welfare system. This regrettably suggests that a cultural and economic class bias may be influencing judgments of what constitutes child neglect. It is shocking to know that 26% of the children in care are Treaty Indian and it is estimated that perhaps another 25% are Metis or non-status Indians. The system must be made aware of this imbalance to ensure that no child is removed from family and community for the sole purpose of apparently improving the child's standard of living.

The only valid reason for a child to be in care is if that child's physical, mental or emotional health is threatened. It is feared that today there are children in care who should never have been removed from their families. The possibility of culture and economic bias has been mentioned. This possibility would appear to be a fact. The fact that so many children come into care in their teenage years suggests that society has intervened because of parental inability to cope with periods of teenage crisis.

For years studies, reports, and reviews have identified the need to provide in-home services to prevent the necessity of finding alternate care arrangements for children. At the risk of sounding repetitive, the same conclusion must be reached.

Again, the system fails to provide documentation to assist in the measurement of whether there has been any significant input into a family prior to the decision to remove a child.

It is of interest to note that as the Chairman frequently decried a lack of detailed statistical information, certain child care workers immediately stated that data was available but had not been presented. Despite the fact that certain particulars are reported to the Standards and Licensing Branch, the detailed statistical data that should be available and kept and that would be of inestimable value is not available. To those who have stated that statistics are kept and are sufficient, those individuals are referred to (by way of illustration) statistical data on juveniles maintained by Probation Services and/or Statistics Canada or the monthly statistical bulletin published by the Manitoba Youth Centre.

There is one concrete piece of information that would support the contention that agencies have not done enough to maintain children in their own homes. At the present time agencies have a readily available resource in the form of <u>funds to provide homemaker service</u> to families. Only one agency, the Children's Aid Society of Eastern Manitoba, has made any significant use of that resource. It is postulated, with some degree of confidence, that research would reveal that <u>the more staff time and money is provided for in-home services, the fewer children there are in care</u>.

Placement in a group home can cost from $9,000 to $51,500 a year. A well trained and experienced <u>child care worker could provide full time service to a single family</u> well within that range with enough left over to bring in

the resources of nutritionists, psychiatrists, homemakers or any other special service that was necessary.

Adequacy of Facilities

Before addressing the more specific issues of physical and program standards, some general comments on the adequacy of the group home system are required.

There is a generally held view that an empty group home bed is a vacuum waiting to be filled. The very existence of group homes creates the need for group homes as a self-fulfilling, self-perpetuating service.

It must be said firmly and strongly that group homes are a necessary and valuable component of the child care system. There will always be children who have been so damaged in their relationships to parents or parent surrogates that no in-home service or foster home can provide them with the security they need.

Again, the lack of an information base confronts us.

Yes, group homes are necessary. But how many? Where? What kind of children are best served in group homes?

The estimate of knowledgeable people is that there should be relatively few children in need of group homes. But today approximately 28% of all children in care are in group settings.

A number of factors have been identified which might account for this situation.

It has been previously indicated that there are probably more children in care than need to be but the resolution of that situation may be some time coming.

It must be recognized that for a child care worker who feels overburdened, overworked and jumping from one crisis to another, placement of a child in a group home bed must seem to be the ultimate answer. Safety and security are assured. The worker can move on to the next crisis. There is no doubt that placement in a group home not only solves the immediate problem but takes much less administrative time and effort than finding relatives to care for the child or finding, evaluating and approving a foster home.

There is also the suspicion expressed that agency child care workers may feel some unidentified, yet real, pressure to keep beds filled in the group homes managed by their own agency.

Early in this year it came to the government's attention that there were close to 200 children under the age of 12 in group homes. Government policy was developed to correct this situation. At the time of writing, this number had been reduced to about 75. Children have been moved to foster homes or permanently placed. Again, there are some children under 12 years of age for whom a group home setting will be necessary. A well informed estimate is that 25 such spaces may be required to serve the needs of the province. One can only wonder in amazement that at the beginning of the year it was felt necessary to have 200 children under twelve in group homes and how quickly the numbers were reduced when this issue was brought to light.

Similar attention is required for all children now in Level I and Level II homes. These are children who have entered the system because of situational problems in the home who might have some minor behavioural or emotional problems. This population might be significantly reduced by returning them to their own families with supplementary supports, placement in a foster home setting, or reduction in the length of stay in the group home through specific goal setting.

A third group that should be examined are those children 16 and 17 years of age who are not in need of a therapeutic milieu or active supervision. Consideration might be given to establishing a level of care which might best be described as a benevolent rooming house where these pre-adults could learn the skills required for independent living at age eighteen. Children must be prepared to enter the adult community and such preparation must be done early, effectively and with purpose.

There is some concern expressed about children who reach the age of 18 who are not ready, for a variety of reasons, to live independently. There are those who express the view that for those who have been in the child welfare system for some time, service should continue to age 21 in some cases. Others feel strongly that at age 18, the normal health and social service system of the community should be used.

One private group home operator resolved this dilemma in an enterprising way. Recognizing that some of the children who had been in her care for a number of years on reaching the age of 18 were not emotionally ready to be independent and that the group home represented the only

"family" they knew, she purchased a house nearby which she established as a boarding house.

Attention should also be given to the location, size and function of receiving homes. In rural areas, it is reported that most emergency situations can be met through placement in special foster homes, provision of a child care worker in the child's own home or in a motel. Local need should determine whether or not a receiving home is necessary.

A receiving home should be used for emergency situations or for evaluation purposes. A child's stay in such a home should be brief and certainly should not exceed 3 months. Unfortunately many children exceed this time frame.

Receiving homes should be carefully monitored. Again, systemic accountability is missing.

It was shocking to find in one receiving home that a child had been there for 2 years. This simply should not happen. That child was subjected to rotating staff and rotating peer groups. This is hardly a situation designed to provide a child with a sense of security.

There is no system in place to ensure that group homes are used for those who can best benefit from them. Agencies can place children directly into Level I, II, or III homes if there is a vacancy and if the home agrees to accept that particular child.

There is no central registry with daily input to identify vacancies or to match the child and the home.

Such a registry is required if the system is to ensure a satisfactory distribution of resources for the children throughout the province.

The need for such a system was made evident to the Chairman almost every day in the course of this review. Visiting group homes, the Chairman was made aware of existing vacancies or vacancies which would soon occur. Yet in Court, the Chairman was being informed that a child would have to remain in Agassiz Centre, Seven Oaks or in the Manitoba Youth Centre because there were no available vacancies in group homes. This is not to suggest that the workers were being deceitful but they were certainly ill-informed. A central registry would prevent such situations.

In the absence of a structured referral system, an informal network has developed between group home operators and agency workers. Workers may consistently place children in particular group homes where they have had previous positive experiences. Group home operators may favour referrals from particular agencies or particular workers with whom they have had a positive relationship.

This system is just not good enough as it rests on personal and informal relationships rather than the best interests of children being the controlling factor.

In rural areas, the need for placement in a group home may be a rare occurrence for a worker. When a need for placement arises, the worker must first become acquainted with which group homes offer service at an appropriate level and then begin calling each group home until a vacancy is found. A central registry would eliminate this time consuming process.

A central registry would also eliminate the possibility of a child being placed in a home which has had its license removed because it did not meet required standards. It is reported that a group home which lost its license was subsequently used as a foster home by a child care agency. This should not happen and steps must be taken to ensure that this cannot happen in the future.

Placement of children in Level IV and V facilities currently require approval of the Screening and Monitoring Committee. This is a voluntary process and there is no regulatory requirement that either the placing agency or the care facility comply with this process. The intent, of course, is to ensure that these high cost facilities are used only for the children who really need this highly specialized form of care.

There is a weakness in this system. The Screening and Monitoring Committee can agree that a child is in need of care at a specific facility but has no power to require that the facility accept the child. It is reported that children who have been denied admittance to high level institutions on the grounds that their level of disturbance was too extreme and were subsequently placed in group homes made positive progress. This raises a number of issues which go beyond the scope of this review and, hence, will not be addressed at this time.

One additional issue is raised here which will be discussed in detail in the final report of the Review Committee. Only under provisions of the Child Welfare Act can a child be deprived of freedom and liberty without legal representation and due judicial process.

Physical Standards

The regulations set out the standards which a group home must meet in order to be licensed. The enforcement of those standards is the responsibility of the Standards and Licensing Branch. As all homes visited were licensed, it must be assumed that basic health and safety standards are complied with.

It can be argued that the physical condition of a group home has nothing to do with the programming that takes place in that home. But an impression is conveyed. Strong impressions are conveyed.

At the very least, a group home should maintain the standards of the neighbourhood in which it is located even if the regulations are silent in this area.

Far too often it was possible to locate the group home on the street without checking the house number. Too many group homes stood out as shabby, neglected, requiring basic repair and daily attention. The interiors of these homes were usually compatible with the exterior. Minimum furniture, no curtains or drapes, no plants, no pictures, nothing aesthetically pleasing. Many homes left the impression of a badly run boarding house.

Other homes fit in well with the surrounding area and were indistinguishable from other family residences on the street. Again, the interiors were compatible with the first impression.

At the other extreme were homes which stood out on the street because they were better cared for than the

homes next to them. In these homes, one found a family atmosphere, a soothing ambience and almost consistently a visible library.

It is possible that the Chairman is overly sensitive in this area. But the literature and the manuals of group homes speak of the need to develop a sense of pride in children, a sense of identity. One loses confidence in operators who do not reflect that philosophy visually.

Of major concern is the fact that children are being placed in facilities which are not licensed to provide care for children. It is alleged that Probation Services, the federal Medical Services Division and occasionally child caring agencies place children at X-Kalay, at the Alcohol Foundation of Manitoba Treatment Centre, in hotels, at the YMCA and YWCA and in private boarding homes. The Standards and Licensing Branch feels it does not have the jurisdiction to stop this practice.

It is strongly suggested that the Standards and Licensing Branch exercise authority and worry about jurisdiction later. The community has the right to be confident that children are not being placed in unlicensed accommodation. If the facilities will not agree to undergo the licensing process, then the placing agencies should be directed to cease such placements or face a charge of child neglect.

The recent development of Indian child caring agencies has brought with it requests for the establishment of group homes on Reserves. Because of the remote location of some Reserves, it may not be possible to comply with certain standards. The regulations must be amended to have community standards apply in such instances.

Program Standards

It is obvious that a brief visit to a group home does not, and cannot, constitute an evaluation of the effectiveness of the program offered. Again, we must rely on impressions and on what we were told by group home staff.

What is of concern is the fact that at the present time program evaluations are not being done. We have no opinion as to whether this responsibility rests with the Standards and Licensing Branch or with the Child and Family Services Directorate or with both. But this issue must be resolved immediately and evaluations initiated on a regular basis.

It is highly possible that in many group homes children are not being helped but simply housed. It is also possible that children are actually being psychologically harmed in some group homes and, if this is the case, such group homes must be closed.

Evaluations will also reveal which group homes are doing an effective job with children. Such homes should be given incentives to expand their operation to serve more children. Success should be rewarded. The ultimate beneficiary is the child.

In the course of the review, homes were visited which had resident house parents but the majority seen had shift staff. There is something uncomfortable about the idea of shift staff. Staff indicate that the children are so demanding that it would be impossible to tolerate the pressure 24 hours a day. Yet the children are there 24 hours a day - they must tolerate the other children in the

home on a constant basis. No solution is offered but there must be some way that a feeling of stability can be built into the homes.

The responsibilities of referring agencies are outlined in the Child Care Worker Handbook of the Standards and Licensing Branch. The charge was made too often to be ignored that workers of the placing agencies are not fulfilling their responsibilities on a consistent basis. It was repeatedly stated that the frequency of visits to the children depended on the worker. Getting some Winnipeg agency workers to visit was described as "like pulling teeth".

At the insistence of the group homes, most workers do attend quarterly meetings to review and revise the Individual Program Plans of children but one frequently gets the feeling that the workers are viewed as participating reluctantly. Those group homes which make regular worker visits a condition of admission do succeed in getting cooperation. It is to the credit of some group home operators that they insist on workers being responsible. But this is a role they should not be forced to carry. It is the child welfare agency worker or the probation officer who has the ultimate responsibility for the child. The workers also represent the child's link to family.

Child caring agencies and Probation Services must build into their systems a way of monitoring worker visits to ensure that contact with the child is maintained on a regular basis. If placing workers do not visit the children in group homes, one can have little confidence that time is being spent with the child's family to prepare for the child's return.

Frequently in the course of the interviews it was indicated that the level of cooperation between workers in the child care field and in Probation Services was not what it should be. This is an area which requires further investigation. Workers in each of these fields have a special role to perform and in the interests of the child there must be a sharing of information, an agreement on treatment goals, continued communication and fulfillment of responsibilities in those cases which involve both services.

It has been anticipated that staff turnover would be high in group home settings. This was not found to be the case in the homes visited. That is a reassuring trend.

It is of concern that there is no regular training course available for group home staff to enable them to improve their skills. The Standards and Licensing Branch has offered a training program but that is viewed as a basic course and no further opportunities have been made for advanced training. Regular ongoing training programs and updating of current trends in the field of child welfare should be mandatory for all workers.

Group home staff indicate that they make every effort to keep the child's family involved with varying degrees of success. Some parents visit group homes often, some never. It was pointed out that where there is a good relationship between parent and child, visits are more frequently in the child's home rather than at the group home. It was reported that some child/parent visits take place at the agency offices. It is difficult to imagine why this kind of arrangement would be necessary. One can hardly imagine a setting less conducive to relaxed family conversation.

A child should not be placed in a group home (or any other setting) unless there is a clear understanding by the family, the child, the placing agency and the group home of what is expected to happen in what time frame. We are simply not confident that a treatment plan is consistently available prior to placement. When there are doubts there is always a case which exaggerates those doubts. In one group home, the Chairman was informed that 8 days previously a child with an incredibly horrendous history had been delivered to the home with no file, no written history, no information about medical problems and certainly with no treatment plan. That simply should not happen.

In common with any group living situation, certain problems are inherent in group homes. A child previously involved in minor delinquency acts may be subject to the negative influences of more sophisticated delinquents. All a group home can do is take reasonable precautions to protect the younger or more innocent children.

It is also possible that incidents of physical or sexual abuse between children go unreported due to a child's fear of further intimidation. Such dangers must always be considered and measured against the actual situation in a child's own home.

Consistently group home staff mentioned problems with the child who "runs". It seems to be a chronic problem and perhaps one which requires some attention. Discussed later will be the financial problems created for group homes by "runners". That is not as important as the fact that children may be being lost to the streets who could be helped if their motivation in running was better understood.

There is a rigidity in the perception of the group home role at the present time. The system seems locked into the concept of the group home as a 24 hour a day, 7 day a week program. This need not be the case. Group homes could be used in a myriad of arrangements as yet untested by the system. Group homes could be used for day programs only. Group homes could be used as overnight havens when a home situation reaches crisis proportions only at night. Homes could provide weekend sanctuary in some situations. These recommendations will be expanded in the final report of the Chairman.

Flexibility should be allowed. Flexibility should be encouraged. The Child and Family Service Directorate should have a sensitive and prompt response mechanism for receiving and processing innovative and creative ideas.

In summary, in the area of program standards, we identify the following issues which need to be addressed:

1. Program reviews of group homes must be initiated as soon as possible and steps taken to upgrade or eliminate group homes which do not meet acceptable standards.

2. Mechanisms must be put in place in both agencies and in the Child and Family Services Directorate to ensure that child placing agencies fulfill their responsibilities in the areas of the development of pre-placement treatment goals, continuing contact with the child placed in group homes, work with the child's family, and cooperation with discharge plans.

3. There should be examination of how a sense of stability can be brought to homes which are staffed on a shift basis.

4. Development of training opportunities for group home staff; and

5. Introduction of a response system for receiving, reviewing and reacting to new and innovative program ideas.

Geographic Distribution

The vast majority of group homes are located in the City of Winnipeg and at the time the information was gathered, over 50% of the Winnipeg group homes were operated by the Children's Aid Society of Winnipeg. With the closing of group homes serving children under 12 years of age, that picture will be altered somewhat.

It is a generally held view that children taken into care should experience as little disruption in their lives as possible. It is therefore felt that each region should have within it a full range of alternate care arrangements to meet the needs of children locally so that ties with family, school and community are maintained.

There are exceptions of course. In some instances a child's relationship to family and community may be so damaged that removal is the most positive and constructive treatment plan.

At the present time all the higher level of treatment facilities are located in the City of Winnipeg. As an alternative to the establishment of such facilities in rural and northern areas, consideration could be given to establishing multi-disciplinary teams which could act as a resource to homes located outside the City. Teams should consist of such specialists as psychiatrists, psychologists and child abuse experts.

Locating group homes outside the City does not necessarily mean service to that specific area will be

provided. Two group homes visited in other areas had not a single child from the local community.

A plan for the geographic distribution of group homes requires consideration of many factors, not just population data. Homes which specialize in certain client groups such as Quest or Neecheewam will attract referrals from throughout the province no matter where they are located.

It is clear, however, that even with a workable data base on group home residents, any plan for the geographic distribution of homes must be flexible, responsive to changes and carefully monitored.

Cultural Relevancy

It had been anticipated that children of native ancestry would form the majority of the clientele of group homes. This did not prove to be the case - Treaty Indian children constitute 19% of the group home population. Adding an estimation of an equal number of Metis and non-Treaty Indian children, we have approximately 40% aboriginal children. While not a majority, this constitutes a sufficient number to justify concern that cultural factors be given attention in group home programming.

While it is generally agreed that any program should be culturally relevant, neither the review of the group home manuals nor the interviews reflected sufficient attention to this component. The exception, of course, are those homes which are specifically directed to the native child.

The focus of any treatment plan is to enhance a child's self-image and that self-image must be in the context of the child's family, community and cultural heritage. At the very least, the group home should be aware of a child's cultural background and have some understanding of the value placed by the child's family on their culture. Efforts should be made to raise the topic for discussion and then to seek out activities that will provide the child with a greater understanding of cultural heritage.

In discussion, the impression was conveyed that there were many other factors of greater importance that needed to be dealt with by the staff. That may well be so but the issue of culture needs more attention than it appears to be receiving at this time.

It should be added, however, that no evidence was found that would indicate that native organizations, or any other cultural group, were beating down the group home doors demanding to be able to provide cultural education or activities for the children. Why are they silent?

There are always exceptions. But those exceptions will not be identified unless culture is raised for discussion. There are those children who may have an Indian background but whose families have resided in an urban setting for generations and identify with the general community.

There are very few native persons employed as staff in group homes. As long as native children represent such a significant portion of the child welfare system, group homes should make a conscientious effort to employ persons

of native background. Should the cultural pattern of group home clientele change, the same principle should apply.

In the area of religious practices, it was found that either religious participation was required or it was ignored. In this area the wishes of the child's family or guardian should override the orientation of the group home. Again, at the very least, this topic should be raised in discussion with the family so that their wishes are known to group home staff.

The sensitivity of group home staff to cultural issues could be enhanced by the provision of seminars using the resources of the Indian and Metis organizations and the Native Studies department of the University. Such seminars are deemed to be of vital importance.

Other

In the course of this review, a number of issues were identified which merit mention.

The new funding formula for group homes is a matter of current concern. This new formula will place greater emphasis on occupancy levels and will certainly mean the demise of many under-occupied group homes.

The fear expressed by group home operators and placing agencies is that some group homes that are offering an effective service may be forced to close on the basis of financial considerations only. The need for program evaluations has been mentioned earlier. As a protection against the possibility of losing competent group homes, it is recommended that no group home be allowed to close

without there being an evaluation, which must include statistical analysis, of the home's program effectiveness. If the program is found valuable, the financial resources should be made available to ensure that the home can continue.

There is also fear that the funding formula will have some subtle impact on group home operations as managers are forced to pay more attention to financial considerations. Operators may begin to develop artificial waiting lists. They may resist accepting a child who has been identified as a "runner". They may hesitate to arrange family visits for a child as that will impact on occupancy levels. In short, the operators' attention may not be fully concentrated on the treatment needs of the children.

It is imperative that during the early stages of the implementation of this new funding formula that lines of communication be kept open so that problems can be identified quickly and action taken to prevent any serious damage to the system.

In the course of group home visits, a casual remark of one staff member led the Chairman to raise this issue in subsequent interviews. It was noted that in recent years there appears to be a larger number of children in care and in group homes as a result of adoption breakdown. Some workers confirmed that impression, some felt there was no change, while still others felt the rate of adoption breakdown has always been high. Such placement breakdowns were reported not to be confined to native children placed with non-native homes.

Unfortunately, we are again confronted with the lack of an information system that could confirm or refute this impression quickly. This is, however, an area which should be examined so that steps can be taken to identify and correct the causes of such adoption breakdowns.

12. CHAIRMAN'S COMMENTS

In the Interim Report of the Review Committee on Indian and Metis Adoptions and Placements it was indicated that recommendations were being considered for inclusion in the final report for the reorganization of the child welfare delivery system. Such reorganization would ensure that services would be sensitive to the cultural and ethnic composition of communities by being "community-based".

It was also pointed out at that time that it was believed that such community sensitivity could be only ensured in the City of Winnipeg by the establishment of up to 6 separate agencies. Information secured in the course of this review convinces the Chairman more firmly that the implementation of such a plan is necessary.

The review of group homes has strengthened the belief that smaller, less administratively cumbersome agencies would best meet the needs of children. The impression is conveyed that in an agency as large as the Children's Aid Society of Winnipeg the many administrative levels between child and policy makers provides the possibility for error, for a breakdown in communication and for a lack of management control.

No criticism of staff is implied, nor should it be inferred, by these comments. The Chairman was impressed with the dedication and commitment of most of those interviewed. But the very size and administrative structure of the Children's Aid Society of Winnipeg is an impediment to the effective care of children in the Chairman's opinion.

The necessity for assessment of programs in each group home has been noted. Such reviews will provide a measure of effectiveness and provide a basis for decisions as to which homes should be strengthened or closed and which homes should be given incentives to expand their operation.

While not wishing to prejudge or predict the outcome of such reviews, it is the Chairman's opinion that the conclusion may be reached that, other than receiving homes, child caring agencies should not be managing group homes. It is the Chairman's perception, at this stage, that group homes are better managed by private organizations or individuals than by agencies.

When one suggests in any report that certain services or facilities might well be reduced or, in fact, eliminated, anxiety is inevitably created for staff which might be affected. This anxiety must be allayed.

There has been created in this province a corps of trained, experienced child care workers. The need for the extension of in-home services has long been recognized and must be at long last implemented. Some mechanism must be found for matching the human resources we have with the need for in-home service. It has been suggested that the

Home Care program be considered as a possible model for the establishment of a resource pool for in-home child care services.

There must also be an examination of the relationship of probation officers and child care social workers to each other and to group homes. If such cooperation must be mandated, so be it.

As this report was in the final stage of completion, the Chairman had the opportunity to meet with the Family and Children's Services of Kenora. Information gleaned in that interview has relevancy to this report.

The Chairman was informed that the Kenora agency serves a population of approximately 60,000 with approximately 400 children in care (2% of the children under the age of 18). That agency has found it necessary to provide for 28 group home beds or group care for 7% of its client population. Manitoba, on the other hand, provides care to children in group settings in over 25% of the cases. Why should this difference exist?

The legislation of Ontario is not substantially different from Manitoba in the area of child advocacy. Yet the Chairman was informed that in every contested case in the Kenora district the child has legal representation. This practise is fully supported by the Court, the child care agency and by the local Legal Aid office. This area, along with the Crown Wardship Review system, requires further study by the Chairman as there will be implications for the Child Protector's Office which will be recommended in the final report.

The Chairman has also been made aware of the Ontario province-wide children's mental health program. It is the Chairman's opinion that a similar service should be considered for Manitoba as part of an overall strategy of problem prevention.